

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050055

1. Entity Name

COMET MARINE CORP.

Principal Place of Business

4825 BAYSHORE DR.
NAPLES FL 34112

Mailing Address

4825 BAYSHORE DR
NAPLES FL 34102-0515

2. Principal Place of Business

1005 Marina Drive
Suite, Apt. #, etc.

3. Mailing Address

1005 Marina Drive
Suite, Apt. #, etc.

City & State
Titusville FL

Zip Country
32796 USA

City & State
Titusville FL

Zip Country
32796 USA

4. FEI Number 59-3458863

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, R S
2640 GOLDEN GATE PARKWAY
SUITE 315
NAPLES FL 34105

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME SKILLMAN, DEAN
STREET ADDRESS 216 WEST WAYNE STREET
CITY-ST-ZIP MAUMEE OH 43537-2125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DTV
NAME SEMER, JERRY L
STREET ADDRESS 1491 CHESAPEAKE AVE.
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME MAGLOTHIN, RONALD A
STREET ADDRESS 142 # PALM DRIVE
CITY-ST-ZIP NAPLES FL 34104 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME Price, RS
STREET ADDRESS 2640 Golden Gate Parkway, Suite 315
CITY-ST-ZIP Naples, FL 34105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90069 020 ***150.00

4/15/00 301/269-4000