2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056038



Aug 08, 2000 8:00 am Secretary of State 08-08-2000 90024 047 ***150.00

Entity Name	
ROGER'S MARINE SERVICE, INC.	(\

Principal Place	e of Business		Mailing Address								
16002 ARMISTEAD LANE ODESSA FL 33556			16002 ARMISTEAD LANE ODESSA FL 33556								
2. Principal Pl	lace of Busine		3. Mailing Address	s		_					
2. Thropar Flace or Susmood				. Walling / Goldon							
Suite, Apt. #, etc. Suite, Apt. #, e			Suite, Apt. #, etc	c.		DO NOT WRITE IN THIS SPACE					
City & State			City & State	City & State			4. FEI Number 59-3448332				oplied For ot Applicable
Zip	p Country Zip Cou			Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name a	and Address of Cur	ent Registered Agent			7. N	lame and Add	ress of New I	Registered A	gent	
					Name	-	- •				
TAN, ROGER W 16002 ARMISTEAD LANE ODESSA FL 33556				Street Address (P.O. Box Number is Not Acceptable)							
ODE	.00A 1 E 000	,,,,			City		······································	1/27-11	FL	Zip Cod	e
The above	named entity	submits this stateme	nt for the purpose of chan	aina ite regieter	ad office or regie	tored and	ent or both in t	the State of FI	orida		
s. The above	named entity	Submits this stateme	nt for the purpose of chan	ging its register	a onice of regis	nored age	one, or boar, are	ine diale of the	onoa.		•
SIGNATURE _	Signature, typed or	printed name of registered	agent and title if applicable	(NOTE: Registere	d Agent signature requi	ired when re	instating)		DATE		
			. Ell C	NOWIII CCC	IC CEED OD	-					
Tax filing re	_	ele to satisfy its Intang d elects to do so.	After SEPTEM		Min. will be \$7 partment of S		1	Campaign Fi nd Contribution			May Be to Fees
11.		OFFICERS A	AND DIRECTORS	12.	<u></u>	 AD	DITIONS/CHAI	NGES TO OF	ICERS AND	DIRECTOR	S IN 11
TITLE	Р		☐ Dele	ete TITLE						☐ Change	Addition
NAME	TAN, ROC			NAM	E						
STREET ADDRESS		MISTEAD LN		STRE	ET ADDRESS						
CITY-ST-ZIP	ODESSA	FL 33556			-ST-ZIP						
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NAME			Dete	NAMI							
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						

13. I hereby certify that the information supplied with this filling 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:

Recieved and notice for Business Report.

Check records, call bank to check on Check of the Hos not cleared. Call ph. #

850-488-9000- to check on status. The lady check records found no sigh of record paidTold me to sadd copy's of my record topy's of form a check stub and another check for \$150.00 serel to correspondence Adress.

1702

TO TOTAL PEDUCTONS

TOTAL DEDUCTONS

DATE

DATE

1000

TOTAL DEDUCTONS

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BALANCE

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Also send and modice Sigh a clayed ATTACHMENT \$797000056038

2000 UNIFORM BUSINESS REPORT (UBR)

10 2 attachment # p97000056034

1. Entity Name	MENT # P9700005 S MARINE SERVICE, INC.	56038	13 01	04422					
Principal Place	of Business	Mailing Address		-					
6002 ARMISTE/ DDESSA FL 335	AD LANE	16002 ARMISTEAD LANE ODESSA FL 33556-3301							
2. Principal Pl	ace of Business	3. Maiung Address							
Strite, Apt	Sinte, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE II	1 THIS SPACE				
City & State		City & State		4. FEI Number 59-3448332	 	pplied For lot Applicable			
2ір	Country	Ζip	Country	5. Certificate of Status Desired	\$8.75 Ad				
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Regis	<u>.</u>				
			Name						
	ROGER W 2 ARMISTEAD LANE		Street Addres	s (P.O. Box Number is Not Acceptable)					
	SSA FL 33556								
			City		FL Zip Cod	de			
SIGNATURE _	Signature 151 ad 01 printed name of impetered agent and	ыю парьсат <i>е , Е, -</i> Тг	Section 1997 Contraction	stered agent, or both in the State of Florida	Dur				
Tay filing is	ration is eligible to salisty its Intangible equirement and elects to do so	After MAY 1, 20	!! FEE IS \$150.00 00 Fee will be \$550.00 de to Department of S			00 May Be ed to Fees			
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR				
THEE NAME STREET ADDRESS CITY-ST-ZIP	P TAN, ROGER W 16002 ARMISTEAD LN ODESSA FL 33556	"_] Onete	MAME STREET ADDRESS CHIT-ST-ZIP		□ Change	Addition (
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THE HAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition			
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FITUE NAME STREET ADDRESS CRY-ST-ZIP		□ Delete	MILE NAME STREET ADDRESS CITY - ST - ZIP	,	☐ Change	Addition			
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13. Thereby certify that the information supplied with this bing does not quality for the exemption stated in Section 119 07(3)(i). Florida Statutes 3 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 it made under each that I am an officer or director of the corporation or the receiver or trustee empowering to execute mis report as required by Chapter 607, Florida Statutes, and mat my name appears in Block 11 or Block 12 it changed, or on an attachment attragn address, with all other in a emil owered

OFFICER OR DIRECTOR