## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 15, 2001 8:00 am<sup>§</sup> Secretary of State DOCUMENT # **P97000062832** 05-15-2001 90134 007 \*\*\*150.00 MARINE EQUIPMENT INTERNATIONAL, INC. Principal Place of Business Mailing Address 120 E OAKLAND PARK BLVD 120 E OAKLAND PARK BLVD 00004334 Suite 105 SUITE 105 FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0825570 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHALBECK, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 120 E OAKLAND PARK BLVD SUITE 105 FT LAUDERDALE FL 33334 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition ☐ Delete TITLE TITLE SPEER, STEPHEN C NAME NAME STREET ADDRESS STREET ADDRESS 6817 SUGARLOAF KEY ST CITY-ST-7IP CITY-ST-ZIP LAKE WORTH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE CHALBECK, PATRICIA A NAME NAME STREET ADDRESS STREET ADDRESS 120 E OAKLAND PARK BLVD, SUITE 105 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33334 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 nent with an address, with all other like empowered.

CR2E034 (10/00)

FILED