

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078339

1. Entity Name

MARINE TECHNOLOGY DESIGN, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90161 033 ***150.00

Principal Place of Business

Mailing Address

1600 SE 17TH ST
STE 406
FT. LAUDERDALE FL 33316
US

P O BOX 460520
FT. LAUDERDALE FL 33346-0520
US

2. Principal Place of Business

3. Mailing Address

6555 N. POWERLINE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 401

City & State

City & State

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33309

USA

4. FEI Number

65-0791874

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

NELSON, NILS
1600 SE 17TH ST
STE 406
FT. LAUDERDALE FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)
6555 N. POWERLINE RD. #401

City

FL

Zip Code

33309

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

WILL C. NELSON

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NELSON, NILS
P O BOX 460520 N/A
FT. LAUDERDALE FL 33346 ☐ Delete

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

TITLE
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STREET ADDRESS
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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 #

4/24/00

(954) 491-4423

CR2E034 (9/99)