

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91437 026 \*\*\*158.75

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DOCUMENT # P97000081446

1. Entity Name  
ECKLER MARINE, INC.



Principal Place of Business  
682 S INDUSTRY ROAD  
COCOA FL 32926  
US

Mailing Address  
682 S INDUSTRY ROAD  
COCOA FL 32926  
US



2. Principal Place of Business

P.O. Box 576  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 576  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Cocoa Florida

City & State

Cocoa Florida

4. FEI Number

65-0803065

Applied For

Not Applicable

Zip

32922

Country

Brevard

Zip

32922

Country

Brevard

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECKLER, RALPH H  
2070 LEEWARD LANE  
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name: Ralph H. Eckler (Same as)  
Street Address (P.O. Box Number is Not Acceptable): 1192 Potomac Dr.

City: Merritt Island

FL

Zip Code: 32952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ralph H. Eckler Pres. Ralph H. Eckler 4-29-03  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ECKLER, RALPH H	
STREET ADDRESS	682 S INDUSTRY ROAD	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Same as	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same as	
STREET ADDRESS	1192 Potomac Dr.	
CITY-ST-ZIP	Merritt Island FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph H. Eckler Pres. Ralph H. Eckler 4-29-03  
Signature, type or printed name of signing officer or director Date Daytime Phone # 321-803-3093

CR2E034 (10/02)