

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082631

1. Entity Name

QUALITY MARINE FABRICATORS, INC. ✓

Principal Place of Business

3033 PINEVIEW DRIVE  
HOLIDAY FL 34691

Mailing Address

3033 PINEVIEW DRIVE  
HOLIDAY FL 34691

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3474687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEISMAN, DAVID W  
3033 PINEVIEW DRIVE  
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

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

*David W. M.*

9.12.00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE PD ☐ Delete  
NAME MEISMAN, DAVID W  
STREET ADDRESS 3033 PINEVIEW DRIVE  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE VP ☐ Delete  
NAME MEISMAN, TRAVIS  
STREET ADDRESS 3033 PINEVIEW DRIVE  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE D ☐ Delete  
NAME MEISMAN, PATRICIA M  
STREET ADDRESS 3033 PINEVIEW DRIVE  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

*Patricia M. Meisman*  
SIGNATURE REQUIRED  
PATRICIA M. MEISMAN

9.12.00

Date

7279422933

Daytime Phone #

CR2E034 (5/00)