

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093269

1. Entity Name

TECMARINE HOLDINGS, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90046 050 ***150.00

Principal Place of Business

Mailing Address

~~0900 NW 25TH ST.~~
~~MIAMI FL 33172~~

~~0900 NW 25TH ST.~~
~~MIAMI FL 33316-5525~~

2. Principal Place of Business

2051 SE 35th Street

3. Mailing Address

P.O. BOX 165525

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Port Everglades

City & State

Fort Lauderdale, FL 33316

City & State

Fort Lauderdale, FL

Zip

Country

33316 USA

Zip

Country

33316-5525 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 ☐ Delete
NAME D
STREET ADDRESS CHESTER, JEREMY
CITY-ST-ZIP ~~0900 NW 25TH ST.~~
~~MIAMI FL 33172~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS P.O. BOX 165525 - 2051 SE 35th St.
CITY-ST-ZIP PORT EVERGLADES, FT. LAUDERDALE, FL 33316-5525

TITLE ☐ Delete
NAME D
STREET ADDRESS CHESTER, BRITT K
CITY-ST-ZIP ~~0900 NW 25TH ST.~~
~~MIAMI FL 33172~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2051 SE 35th St. P.O. BOX 165525
CITY-ST-ZIP FT. EVERGLADES, FT. LAUDERDALE, FL 33316-5525

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

 BRITT K. CHESTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/17/00

Daytime Phone #

954-331-2000

CR2E034 (9/99)