

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90259 019 ***150.00

DOCUMENT # P97000104117

1. Entity Name

BLACK MARINE PRODUCTS, INC.

Principal Place of Business

**1387 SILVER SANDS AVENUE
 NAPLES FL 34109**

Mailing Address

**1387 SILVER SANDS AVENUE
 NAPLES FL 34109**

2. Principal Place of Business

5368 31st Place S.W.

Suite, Apt. #, etc.

3. Mailing Address

4664 W. Maverick Ct

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Beverly Hills, FL

Zip

34116

Country

Collier

Zip

34465

Country

Citrus

4. FEI Number

65-0802551

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BLACK, ALBERT D

**1387 SILVER SANDS AVE
 NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4664 W. Maverick Ct.

City

Beverly Hills

FL

Zip Code

34465

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

Albert D Black

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 12/02

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, 2002 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

TITLE **P** ☒ Delete
 NAME **BLACK, ALBERT D**
 STREET ADDRESS **1387 SILVER SANDS AVE**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **S** ☒ Delete
 NAME **BLACK, ELIZABETH M**
 STREET ADDRESS **1387 SILVER SANDS AVE**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **Black, Albert D**
 STREET ADDRESS **4664 W. Maverick Ct.**
 CITY-ST-ZIP **Beverly Hills, FL 34465**

TITLE ☒ Change ☐ Addition
 NAME **Black, Elizabeth M.**
 STREET ADDRESS **4664 W. Maverick Ct.**
 CITY-ST-ZIP **Beverly Hills, FL 34465**

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:

Albert D Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 12/02

352-527-2400

Daytime Phone #

CR2E034 (9/01)