

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91312 041 ***150.00

DOCUMENT # P97000104117

1. Entity Name
BLACK MARINE PRODUCTS, INC.



Principal Place of Business
**5368 31ST PLACE S.W.
NAPLES FL 34116**

Mailing Address
**4664 W. MAVERICK CT
BEVERLY HILLS FL 34465**

2. Principal Place of Business
6011 16th Ave N.W.

3. Mailing Address
6011 16th Ave N.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples FL

City & State
Naples FL

Zip
34119

Country
USA

Zip
34119

Country
USA

4. FEI Number
65-0802551

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BLACK, ALBERT D
4664 W. MAVERICK CT.
BEVERLY HILLS FL 34465**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6011 16th Ave NW

City
Naples

FL Zip Code
34119

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

Signature, typed 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 - ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BLACK, ALBERT D**
STREET ADDRESS **4664 W. MAVERICK CT.**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **S** ☐ Delete
NAME **BLACK, ELIZABETH M**
STREET ADDRESS **4664 W. MAVERICK CT.**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **6011 16th Ave NW**
CITY-ST-ZIP **Naples FL 34119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **6011 16th Ave N.W.**
CITY-ST-ZIP **Naples FL 34119**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Albert D. Black**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April 19/03** Daytime Phone # **239-591-1402**

CR2E034 (10/02)