

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007297

1. Entity Name

PREDATOR MARINE, INC.

FILED

Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90069 034 ***150.00

Principal Place of Business

Mailing Address

1941 NW 32ND ST
POMPANO BEACH, FL 33064

1941 NW 32ND ST
POMPANO BEACH, FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0823392

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent (OFFICE)

WILLIAM J. COFFMAN
4803 NW 26TH TERRACE
TAMARAC, FL 33309

Name

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

1941 NW 32ND STREET

City

POMPANO BEACH

FL

Zip Code

33064

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

William J. Coffman
Signature, typed or printed name of registered agent and title, if applicable
WILLIAM J. COFFMAN

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/00

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	P/D	<input type="checkbox"/> Delete
NAME	WILLIAM J. COFFMAN	
STREET ADDRESS	4803 NW 26 TH TERRACE	
CITY-ST-ZIP	TAMARAC, FL 33309	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	ALICE R COFFMAN	
STREET ADDRESS	4803 NW 26 TH TERRACE	
CITY-ST-ZIP	TAMARAC, FL 33309	
TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	JOHN BAILEY	
STREET ADDRESS	4448 BOGANVILLE DRIVE #1	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308-3613	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1941 N.W. 32 ND STREET	
CITY-ST-ZIP	POMPANO BEACH, FL 33309	
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		

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:

William J. Coffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM J. COFFMAN, PRESIDENT

1/20/00 (954) 977-9688
Date Daytime Phone #

CR2E034 (9/99)