

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000014743**

1. Entity Name

AMERICAN AND FOREIGN AUTO MARINE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90064 042 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1088 N.E. INDUSTRIAL BLVD. JENSEN BEACH FL 34957	Mailing Address 1088 N.E. INDUSTRIAL BLVD. JENSEN BEACH FL 34957-5003
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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 65-0817196	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LANDINO, NICHOLAS A 1088 N.E. INDUSTRIAL BLVD. JENSEN BEACH FL 34957	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable Required when reinstating

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANDINO, NICHOLAS A		
STREET ADDRESS	1088 N.E. INDUSTRIAL BLVD.		
CITY-ST-ZIP	JENSEN BEACH FL 34957		
TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANDINO, MARIE A		
STREET ADDRESS	351 GARDEN VIEW		
CITY-ST-ZIP	JENSEN BEACH FL 34957		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

**ATTACH CHECK
FOR \$150
TO
FLA DEPT OF
REVENUE**

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: _____ Date: **4-14-00** Daytime Phone #: **354-3450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR