

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90181 017 ***150.00

DOCUMENT # P98000015424

1. Entity Name
MARCO BEACH ELECTRIC, INC.

Principal Place of Business

994 N BARFIELD DR
MARCO ISLAND FL 34145

Mailing Address

P.O. BOX 1992
MARCO ISLAND FL 34146

2. Principal Place of Business

916 Sundrop Ct
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Marco Island FL

City & State

Zip

34145

Country

USA

Country

4. FEI Number

59-3493484

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROUSHORE, TERRY
916 SUNDROP CT
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

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, 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	PT	<input type="checkbox"/> Delete
NAME	CROUSHORE, TERRY	
STREET ADDRESS	930 HERON COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PIERNE, PHIL	
STREET ADDRESS	5300 21ST AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	DIONAICA CROUSHORE	
STREET ADDRESS	916 SUNDROP CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY CROUSHORE	
STREET ADDRESS	916 SUNDROP CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philip Pierne	
STREET ADDRESS	107 S. Heathwood Dr	
CITY-ST-ZIP	marco, Island FL 34145	
TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIONAICA CROUSHORE	
STREET ADDRESS	916 SUNDROP CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-02

941 3947878

Date

Daytime Phone #

CR2E034 (9/01)