

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015424

1. Entity Name
MARCO BEACH ELECTRIC, INC.



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

03-28-2003 90085 012 ***150.00

Principal Place of Business
916 SUNDROP CT
MARCO ISLAND FL 34145
US

Mailing Address
P.O. BOX 1992
MARCO ISLAND FL 34146

2. Principal Place of Business
122 S. BAHAMA AVE

3. Mailing Address
Suite, Apt. #, etc.

City & State
MARCO ISLAND, FL

City & State

Zip
34145

Country
USA

Zip

Country

10040703



☐ CHECK HERE IF MAKING CHANGES

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)
122 S BAHAMA AVE
City
MARCO ISLAND FL Zip Code
34145

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 _____ (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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CROUSHORE, TERRY 916 SUNDROP CT MARCO ISLAND FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CROUSHORE, TERRY 122 S. BAHAMA AVE MARCO ISLAND FL 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PIERNE, PHILIP 107 S HEATHWOOD DR MARCO ISLAND FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: SIGNATURE REQUIRED CROUSHORE, PT 3-22-03 239-394-7372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)