

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039698

1. Entity Name
ANDREW GAITHER MARINE PROPELLER SERVICE, INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90144 003 ***150.00

04/31/96 AV

Principal Place of Business
1502 E HILLSBOROUGH AVE
TAMPA FL 33610

Mailing Address
P O BOX 152779
TAMPA FL 33684-2779

2. Principal Place of Business
922 E. 124th AVE., STE. E

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE E

City & State

City & State

TAMPA, FL.

Zip

Country

Zip

Country

33612-3503

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3512048

Applied For

Not Applicable

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

SHAW, BILL M-
550 N REO ST, SUITE 300
TAMPA FL 33609-1013

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. 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GAITHER, ANDREW L
STREET ADDRESS 3026 N A STREET
CITY-ST-ZIP TAMPA FL 33609

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1312 MOUNTAINVIEW DR.
CITY-ST-ZIP TAMPA, FL. 33612

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Andrew L Gaither
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)