

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90172 002 \*\*\*150.00

**DOCUMENT # P98000063048**

1. Entity Name

**FOSTER'S MARINE GROUP, INC.**

Principal Place of Business

**2001 S.W. 20TH STREET  
 FT. LAUDERDALE FL 33315**

Mailing Address

**2001 S.W. 20TH STREET  
 FT. LAUDERDALE FL 33315**

2. Principal Place of Business

3. Mailing Address

**2945 W. State Road 84**

Suite, Apt. #, etc.

**A9**

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale FL**

Zip

Country

Zip

Country

**33312**

**USA**

4. FEI Number

**65-0849064**

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

**FOSTER, DENNIS**

**2001 S.W. 20TH STREET**

**FT. LAUDERDALE FL 33315**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **FOSTER, DENNIS**  
 STREET ADDRESS **2001 S.W. 20TH STREET**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

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

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7/22/02 954-523-5135**

Daytime Phone

CR2E034 (4/02)

*Attachment 1*  
**Foster's Marine Group, Inc.**

2945 W. State Road 84 Bay A-9

Ft. Lauderdale, FL 33312

954-523-5135 Fax 954-523-8250

675349

#P98000063048

July 22, 2002

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Reinstate Section

Per information given to me this morning I am writing this letter with our application for our 2002 Uniform Business Report. Our company has always paid and filed on time. However for some reason we never received the initial application and therefore could not file on time. We received this second notice and were shocked at the amount of \$550.00.

We will have to cancel our "corporation" with the addition amount due.

Please review our past history and please accept our payment of \$150.00 which should have been the amount due if we had received the first application which we would have gladly paid.

I thank you in advance for your consideration & I apologize for any errors on our part.

Office: (954) 523-5135 ♦ Fax: (954) 523-8250 ♦ Toll Free: 1-877-REFITTS  
E-Mail: [FOSTERSMARINE@aol.com](mailto:FOSTERSMARINE@aol.com) ♦ Visit our Web Site: [www.fostersmarine.com](http://www.fostersmarine.com)

Best regards

*Janet M. Foster*

Foster's Marine Group.

on behalf of Janet M. Foster