

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067210

1. Entity Name

MARINE PARTSFINDERS, INC.

Principal Place of Business

224 DATURA STREET, SUITE 207
WEST PALM BEACH FL 33401

Mailing Address

224 DATURA STREET, SUITE 207
WEST PALM BEACH FL 33401-5630

2. Principal Place of Business

618 US HWY #1

3. Mailing Address

618 US HWY #1

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

306

City & State

North Palm Beach

City & State

North Palm Beach

Zip

33408

Country

USA

Zip

33408

Country

USA

6. Name and Address of Current Registered Agent

STEVENS, GEOFFREY C
224 DATURA STREET, SUITE 207
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Geoff Stevens

Street Address (P.O. Box Number is Not Acceptable)

618 US HWY #1 Ste 306

City

North Palm Beach

FL

Zip Code

33408

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/24/00

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, 2000 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	VP	<input type="checkbox"/> Delete
NAME	STEVEN, JON	
STREET ADDRESS	135 CHILEAN AVE	
CITY-ST-ZIP	PEKA BEACH FL 33480	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Duane Macdonald	
STREET ADDRESS	532 CAPTAIN'S LANE	
CITY-ST-ZIP	North Palm Beach FL 33408	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/24/00 561-881-0001
Date Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90085 003 ***558.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)