

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90125 011 ***558.75

DOCUMENT # P98000081110

1. Entity Name

MARINE ENVIRONMENT FUNDING, INC.

Principal Place of Business

521 MIDDLE RIVER DRIVE
FORT LAUDERDALE FL 33304
US

Mailing Address

521 MIDDLE RIVER DRIVE
FORT LAUDERDALE FL 33304
US

2. Principal Place of Business

4332 E. TRADEWINDS AVE
Suite, Apt. #, etc.

3. Mailing Address

4332 E. TRADEWINDS AVE
Suite, Apt. #, etc.

City & State

LAUDERDALE BY THE SEA, FL

City & State

LAUDERDALE BY THE SEA, FL

Zip
33308

Country
USA

Zip
33308

Country
USA

4. FEI Number

65-0869869

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IANNACONE, JAMES T
CUMBERLAND BUILDING - SUITE 510
800 EAST BROWARD BOULEVARD
FORT LAUDERDALE FL 33301

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE	P	<input type="checkbox"/> Delete
NAME	CONWAY, EDWARD H	
STREET ADDRESS	521 MIDDLE RIVER DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONWAY, OLGA	
STREET ADDRESS	521 MIDDLE RIVER DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4332 E. TRADEWINDS AVE	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4332 E. TRADEWINDS AVE	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308	
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:

ST. EDWARD'S RECORDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00

Date

800-826-6840

Daytime Phone #