

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90067 009 ***150.00

0307022 AV

DOCUMENT # P98000081110

1. Entity Name

MARINE ENVIRONMENT FUNDING, INC.

Principal Place of Business

~~4332 E TRADEWINDS AVE~~
~~LAUDERDALE BY THE SEA FL 33300~~
 US

Mailing Address

~~4332 E TRADEWINDS AVE~~
~~LAUDERDALE BY THE SEA FL 33300~~
 US



2. Principal Place of Business

1231 NE 8 Ave
 Suite, Apt. #, etc.

3. Mailing Address

1231 NE 8 Ave
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale Fl
 Zip **33304** Country **Broward**

City & State

Fort Lauderdale Fl
 Zip **33304** Country **Broward**

4. FEI Number

65-0869869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IANNACCONE, 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 \$150.00
After May 1, 2002 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	P	<input type="checkbox"/> Delete
NAME	CONWAY, EDWARD H	
STREET ADDRESS	4332 E TRADEWINDS AVE	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33300	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONWAY, OLGA	
STREET ADDRESS	4332 E TRADEWINDS AVENUE	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33300	
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	1231 NE 8 Ave	
CITY-ST-ZIP	Fort Lauderdale Fl 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1231 NE 8 Ave	
CITY-ST-ZIP	Fort Lauderdale Fl 33304	
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

Date

Daytime Phone #

CR2E034 (9/01)