

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am  
Secretary of State

03-02-2001 90107 014 \*\*\*150.00

DOCUMENT # P98000087189

1. Entity Name  
MARINE MEDICAL SUPPLY, INC.

Principal Place of Business  
1525 S. ANDREWS AVENUE #5  
FORT LAUDERDALE FL 33316

Mailing Address

1525 S. ANDREWS AVENUE #5  
FORT LAUDERDALE FL 33316

C/O GRUBER & ASSOCIATES, P.A.  
1650 Southeast 17th Street, #301  
FORT LAUDERDALE, FL 33316-1735

2. Principal Place of Business

3. Mailing Address

C/O GRUBER AND ASSOCIATES, P.A.

Suite, Apt. #, etc.

1650 Southeast 17th Street, #301

City & State

Port Lauderdale, Florida

Zip

33316-1735

Country

US

65-0199211 DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2403646

65-0199211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ISENBERG, WILLIAM S.  
315 S.E. 7TH STREET  
SUITE 301  
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

BRUCE M. DERBY

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

1525 South Andrews Avenue

City

FORT LAUDERDALE

FL

Zip Code

33316

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 *Bruce M. Derby*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/2001

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, 2001 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/D  
NAME BRUCE, DERBY M.  
STREET ADDRESS 11650 N.W. 4TH STREET  
CITY-ST-ZIP PLANTATION FL 33325

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP NORTHWEST

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Bruce M. Derby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01 BRUCE M. DERBY 954-522-2222  
Date Daytime Phone #

CR2E034 (10/00)