

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094727

1. Entity Name

FOUR R MARINE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90069 039 ***150.00

Principal Place of Business

5514 EAGLE DRIVE
FT. PIERCE FL 34951

Mailing Address

5514 EAGLE DRIVE
FT. PIERCE FL 34951-2325

2. Principal Place of Business

603 N. Indian River Dr.

3. Mailing Address

603 N. Indian River Dr.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Ft. Pierce FL

City & State

Ft. Pierce FL

4. FEI Number

65-0873406

Applied For

Not Applicable

Zip

34950

Country

St. Lucie

Zip

34950

Country

St. Lucie

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYNCH, ROBBIN
5514 EAGLE DRIVE
FT. PIERCE FL 34951

7. Name and Address of New Registered Agent

Name

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

603 N. Indian River Dr.

Suite 300

City

Fort Pierce

FL

Zip Code

34950

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, 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	PD	<input type="checkbox"/> Delete
NAME	LYNCH, ROBBIN C	
STREET ADDRESS	5514 EAGLE DR	
CITY-ST-ZIP	FORT PIERCE FL 34951	
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		
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	603 N. Indian River Dr. Suite 300	
CITY-ST-ZIP	Fort Pierce, FL 34950	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard L. Lynch	
STREET ADDRESS	603 N. Indian River Dr. Suite 300	
CITY-ST-ZIP	Fort Pierce, FL 34950	
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

Richard L. Lynch

4/30/00

Date

561-466-1040

Daytime Phone #

CR2E034 (9/99)