

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90138 045 \*\*\*150.00

0503010 AV

**DOCUMENT # P98000101330**

1. Entity Name

**MARINE POLYMER GROUP, INC.**

Principal Place of Business

**7080 28 COURT EAST  
 SARASOTA FL 34243  
 US**

Mailing Address

**7080 28 COURT EAST  
 SARASOTA FL 34243  
 US**

2. Principal Place of Business

**2812 Tallervast Rd  
 Suite, Apt. #, etc.**

3. Mailing Address

**2812 Tallervast Rd  
 Suite, Apt. #, etc.**

City & State

**Sarasota, FL**

City & State

**Sarasota, FL**

4. FEI Number

**65-0877424**

Applied For

Not Applicable

Zip

**34243**

Country

**Manatee**

Zip

**34243**

Country

**Manatee**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSTARD, R. DAVID ESQ  
 200 S ORANGE AVENUE  
 SARASOTA FL 34236**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEOD** ☒ Delete  
 NAME **LAFRENIERE, DONALD R**  
 STREET ADDRESS **6413 CARMELLA LANE**  
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Lafreniere, Donald R**  
 STREET ADDRESS **6413 Carmella Ln**  
 CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **PD** ☐ Delete  
 NAME **PETRAT, CARL S**  
 STREET ADDRESS **3114 51 STREET**  
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
 NAME **AZAR, KENNETH D**  
 STREET ADDRESS **3634 BEARON WAY**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DTS** ☐ Delete  
 NAME **HAYDEN, CINDY L**  
 STREET ADDRESS **6924 26 STREET WEST**  
 CITY-ST-ZIP **BRADENTON FL 34207**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVP** ☐ Delete  
 NAME **PETRAT, WILLARD G**  
 STREET ADDRESS **6441 CARMELLA LANE**  
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**CINDY P. HAYDEN Secy-Treas**

**4/24/02**

**941-755-7073**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)