

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90215 003 ***150.00

DOCUMENT # P98000104673

1. Entity Name

ACCURATE MARINE SERVICES, INC.



Principal Place of Business

11610 CANAL DRIVE
N MIAMI FL 33181

Mailing Address

PO BOX 531168
MIAMI SHORES FL 33181



2. Principal Place of Business - No P.O. Box #

11610 CANAL DR

Suite, Apt. #, etc.

3. Mailing Address

PO Box 531168

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

N. MIA FL

City & State

MIA SHRS FL

4. FEI Number 65-0883371

Applied For

Not Applicable

Zip

33181

Country

USA

Zip

33153

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, JEFFREY
11610 CANAL DRIVE
N MIAMI FL 33153

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCOTT, JEFFREY ☐ Delete
STREET ADDRESS 11610 CANAL DRIVE
CITY - ST - ZIP N MIAMI FL 33153

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeff Scott

JEFF SCOTT

4/11/07

305 981 0249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #