

# FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P98000104673

1. Entity Name

ACCURATE MARINE SERVICES INC.



11 MAY 23 PM 12:23

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

11610 CANAL DR

Suite, Apt. #, etc.

3. Mailing Address

PO. Box 531168

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

N. MIAMI FL

City & State

MIAMI SHORES, 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

7. Name and Address of Current Registered Agent

Name

JEFFREY SCOTT

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

11610 CANAL DR

City

N. MIAMI

FL

Zip Code

33181

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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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

|                |                    |
|----------------|--------------------|
| TITLE          | P                  |
| NAME           | JEFFREY SCOTT      |
| STREET ADDRESS | 11610 CANAL DR     |
| CITY- ST- ZIP  | N. MIAMI, FL 33181 |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY- ST- ZIP  |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
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| CITY- ST- ZIP  |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY- ST- ZIP  |                    |

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WSP  
5/23

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/11

3059810249

DATE

Daytime Phone #