

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002945

1. Entity Name

MARLIN MARINE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90059 024 ***150.00

Principal Place of Business

Mailing Address

600 34TH ST. S.
 ST. PETERSBURG FL 33711

600 34TH ST. S.
 ST. PETERSBURG FL 33711-1722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3552691

Applied For

Not Applicable

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

HASTINGS, DAVID C
 19941 GULF BLVD., #E
 INDIAN SHORES FL 33785

Name

David C Hastings

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

HASTINGS & ASSOCIATES, P.A.
 2207 54TH ST S
 GULFPORT, FL 33707

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PTD
 ALLEN, STANTON J II
 457 HAVEN PT. DR.
 TREASURE ISLAND FL 33706

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SVD
 DE LA CRUZ, OSWALD
 5511 SYCAMORE ST. NORTH
 ST. PETERSBURG FL 33703

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 ALLEN, BARBARA
 10114 YACHT CLUB DR.
 TREASURE ISLAND FL 33706

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Barbara Allen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

(727) 321-0801
 Daytime Phone #