

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90276 036 ***150.00

DOCUMENT # **P99000006257**

1. Entity Name

R+B MARINE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

656815

2. Principal Place of Business

Suite, Apt. #, etc.

1209 DUNCAN ST.

City & State

KEY WEST, FL

Zip

33040

Country

U.S.A

3. Mailing Address

R+B MARINE SERVICES INC.

1209 DUNCAN ST.

Suite, Apt. #, etc.

1209 DUNCAN ST.

City & State

KEY WEST, FL

Zip

33040

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0887318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BRUCE RITSON

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

1622 JOHNSON ST.

City

KEY WEST, FL

FL

Zip Code

33040

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**PRESIDENT
RICHARD D. HAVELAND
1209 DUNCAN ST.
KEY WEST, FL 33040**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SECRETARY, TREASURER
BARBARA HAVELAND
1209 DUNCAN ST.
KEY WEST, FL 33040**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02

(305) 296-0117

Date

Daytime Phone #

CR2E034B (12/01)