

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009514

1. Entity Name

MELANSON'S PRO 3 MARINE, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90008 020 ***150.00

Principal Place of Business

2521 NORTH DIXIE HIGHWAY
POMPANO BEACH FL 33064

Mailing Address

2521 NORTH DIXIE HIGHWAY
POMPANO BEACH FL 33064-4502

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0892641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EGNER, THEODORE K
3067 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

LEO G. MELANSON

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

2521 N. DIXIE Hwy.

POMPANO BEACH FL. 33064

City

FL

Zip Code

33064

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

Leo S. Melanson

Leo S. Melanson

1-15-2000

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MELANSON, KEITH J	
STREET ADDRESS	2521 NORTH DIXIE HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MELANSON, LEO G	
STREET ADDRESS	2521 NORTH DIXIE HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Leo S. Melanson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan -15-2000 954-781-7675

CR2E034 (9/99)