

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009514

1. Entity Name

MELANSON'S PRO 3 MARINE, INC.

Principal Place of Business

700 D N.E. 42ND ST.
POMPANO BEACH FL 33064

Mailing Address

700 D N.E. 42ND ST.
POMPANO BEACH FL 33064

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

65-0892641

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

MELANSON, LEO G
2521 N DIXIE HWY
POMPANO BEACH FL 33064

Name

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

700 D N.E. 42ND ST.

City

POMPANO BEACH

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIPPD
MELANSON, KEITH J
2521 NORTH DIXIE HIGHWAY
POMPANO BEACH FL 33064 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP700 D NE 42 ST
POMPANO BEACH, FL 33064 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPSTD
MELANSON, LEO G
2521 NORTH DIXIE HIGHWAY
POMPANO BEACH FL 33064 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP700 D NE 42 ST
POMPANO BEACH, FL 33064 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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 entries.

SIGNATURE: *Leo G. Melanson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01 959-781-2618

Date

Daytime Phone #

CR2034 (10/00)

V101000