

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010158

1. Entity Name

UNLIMITED MARINE SERVICES, INC.

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90094 033 \*\*\*150.00

Principal Place of Business

301 S.W. 9TH STREET  
 FT LAUDERDALE FL 33315

Mailing Address

301 S.W. 9TH STREET  
 FT LAUDERDALE FL 33315-3843

2. Principal Place of Business

2955 State Rd 84  
 Suite, Apt. #, etc. B-4  
 City & State Ft. Laud FL

3. Mailing Address

2955 State Rd 84  
 Suite, Apt. #, etc. B-4  
 City & State Ft. Laud FL



DO NOT WRITE IN THIS SPACE

City & State

Ft. Laud FL  
 Zip 33312 Country USA

City & State

Ft. Laud FL  
 Zip 33312 Country USA

4. FEI Number

65-0898136

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PORRECA, ANTHONY O  
 301 S.W. 9TH STREET  
 FT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name Anthony Porreca P.  
 Street Address (P.O. Box Number is Not Acceptable)  
 2955 State Rd 84 B-4  
 City Ft. Laud FL Zip Code 33312

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

*Anthony Porreca*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/2000

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PORRECA, ANTHONY P<br>985 PINE RIDGE DR.<br>PLANTATION FL 33317   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PORRECA, JAMES M<br>18604 43RD ROAD NORTH<br>LOXAHATCHEE FL 33470 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CRITES, ALLEN<br>6110 N.W. 18TH PLACE<br>SUNRISE FL 33313         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CRITES, LEONARD JR<br>6110 N.W. 18TH PLACE<br>SUNRISE FL 33313    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

*Anthony Porreca President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2000  
 Date

(954) 765-5800  
 Daytime Phone #

CR2E034 (9/99)