

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010158

1. Entity Name

UNLIMITED MARINE SERVICES, INC.

FILED

Jan 20, 2001 8:00 am  
Secretary of State

01-20-2001 90001 027 \*\*\*150.00

0254258

Principal Place of Business  
2955 STATE RD 84  
B-4  
FORT LAUDERDALE FL 33312  
US

Mailing Address  
2955 STATE RD 84  
B-4  
FORT LAUDERDALE FL 33312  
US

2. Principal Place of Business  
2001 SW 20TH STREET  
Suite, Apt. #, etc.  
BLDG. B SUITE 121  
City & State  
FORT LAUDERDALE, FL  
Zip  
33315 Country  
BROWARD

3. Mailing Address  
2001 SW 20TH STREET  
Suite, Apt. #, etc.  
BLDG. B SUITE 121  
City & State  
FORT LAUDERDALE, FL  
Zip  
33315 Country  
BROWARD



DO NOT WRITE IN THIS SPACE

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 P  
2955 STATE RD 84 B-4  
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent  
Name: PORRECA, ANTHONY P.  
Street Address (P.O. Box Number is Not Acceptable)  
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

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

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

01/08/01  
Date

954 765-5800  
Daytime Phone #

CR2E034 (10/00)