

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90200 008 ***150.00

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DOCUMENT # P99000018712

1. Entity Name
B & L MARINE ELECTRONICS, INC.



Principal Place of Business
**8913 N. FORK DR.
N. FORT MYERS FL 33903**

Mailing Address
**8913 N. FORK DR.
N. FORT MYERS FL 33903**



2. Principal Place of Business
134 VERMONT AVE
Suite, Apt. #, etc.

3. Mailing Address
13474-1 S.R. 80
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FT. MYERS FL
Zip
33905 Country
USA

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FT. MYERS FL
Zip
33905 Country
USA

4. FEI Number **65-0489764**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LITTLE, WILLIAM
8913 N. FORK DR.
N. FORT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name **William P. Little**
Street Address (P.O. Box Number is Not Acceptable)
134 VERMONT AVE
City **FT. MYERS FL** Zip Code **33905**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William P. Little**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-03

FILE NOW!!! FEE IS \$150.00
After May 5, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LITTLE, WILLIAM**
STREET ADDRESS **8913 N. FORK DR.**
CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 239-823-7888

Date

Daytime Phone #

CR2E034 (10/02)