

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAR 23 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000046697

Entity Name

HARTMAN MARINE INC.

Principal Place of Business

Mailing Address

2400 E. LAS OLAS BLVD. PMB #132
LAUDERDALE FL 33301-15292400 E. LAS OLAS BLVD. PMB #132
FT. LAUDERDALE FL 33301-1529

Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

PMB #132

Suite, Apt. #, etc.

PMB #132

City & State

SAME

City & State

SAME

Zip

SAME

Zip

SAME

4. FEI Number

65-0936696

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, ROBERT A.
2400 E. LAS OLAS BLVD. PMB #119 → NOW #132
FT. LAUDERDALE FL 33301-1529

7. Name and Address of New Registered Agent

Name

SAME

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

2400 E. LAS OLAS BLVD PMB #132

City

FT. LAUDERDALE

FL

Zip Code

33301-1529

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

ROBERT A. HARTMAN - PRESIDENT

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PRESIDENT	ROBERT A. HARTMAN	2400 E. LAS OLAS BLVD. PMB #132	FT. LAUDERDALE, FL. 33301-1529	☐
SECRETARY/TREASURER	SANDRA K. HARTMAN	2400 E. LAS OLAS BLVD. PMB #132	FT. LAUDERDALE, FL. 33301-1529	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
NO CHANGES!!					
← THESE ARE ORIGINAL OFFICERS					
← DITTO					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	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 addressee, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00

1-954-214-8067
1-340-513-4938

CR2E034 (9/99)