

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059799

1. Entity Name

ASSOCIATED MARINE TECHNOLOGIES, INC.

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90181 016 ***150.00

Principal Place of Business

Mailing Address

490 TAYLOR LANE
DANIA FL 33304

490 TAYLOR LANE
DANIA FL 33304

2. Principal Place of Business

445 N E 11TH Ave

3. Mailing Address

445 NE 11TH Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

4. FEI Number

65-0928451

Applied For

Not Applicable

Zip

33301

Country

USA

Zip

33301

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MISER, SCOTT A
490 TAYLOR LANE
DANIA FL 33304

7. Name and Address of New Registered Agent

Name

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

445 N E 11TH Ave

City

Fort Lauderdale

FL

Zip Code

33301

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 Scott A. Miser, Pres.

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

TITLE ☐ Delete
NAME MISER, SCOTT A
STREET ADDRESS 721 MOCKINGBIRD LANE
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Delete
NAME MISER, JOYCE E
STREET ADDRESS 721 MOCKINGBIRD LANE
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 445 NE 11TH Ave
CITY-ST-ZIP Fort Lauderdale FL 33301

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 445 NE 11TH AVE
CITY-ST-ZIP Fort Lauderdale FL 33301

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Scott A. Miser, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)