

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064496

1. Entity Name

MERMAID MARINE MFG., INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90120 022 ***150.00

Principal Place of Business

Mailing Address

12670 NEW BIRTANY BLVD STE 101
FT MYERS FL 33906

P O DRAWER 60205
FT MYERS FL 33906-6205

00031330

2. Principal Place of Business

3. Mailing Address

2651 Park Windsor Drive

Suite, Apt. #, etc.

Suite 203

City & State

Fort Myers, FL

Zip

Country

33901

USA

Zip

Country

4. FEI Number

65-0934859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYSTON, ROBERT D JR
12670 NEW BIRTANY BLVD STE 101
FT MYERS FL 33906

Name

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BANFIELD, WILLIAM D
STREET ADDRESS 12670 NEW BIRTANY BLVD STE 101
CITY-ST-ZIP FT MYERS FL 33906

TITLE P,S,T ☐ Change ☐ Addition
NAME
STREET ADDRESS 2651 Park Windsor Drive, Suite 203
CITY-ST-ZIP Fort Myers, FL 33901

TITLE D ☒ Delete
NAME MORSE, DANIEL
STREET ADDRESS 12670 NEW BIRTANY BLVD STE 101
CITY-ST-ZIP FT MYERS FL 33906

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)