

2000 UNIFORM BUSINESS REPORT (UBR)

2/13

FILED

May 12, 2000 8:00 am
Secretary of State

02-13-2000 90016 031 ***150.00

DOCUMENT # P99000074097

1. Entity Name
A & E MARINE, INC.

Principal Place of Business

Mailing Address

555 CHALLENGER AVE.
PT. CHARLOTTE FL 32920

555 CHALLENGER AVE.
PT. CHARLOTTE FL 32920-4224

2. Principal Place of Business

3. Mailing Address

555 CHALLENGER AVE

555 CHALLENGER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PT. CANAVERAL, FL

City & State
PT. CANAVERAL, FL

4. FEI Number

Applied For

Not Applicable

59-3596309

Zip Country
32920-4231 USA

Zip Country
32920-4231 USA

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

GILES, DENNIS
635 BREVARD AVE.
COCOA FL 32922-7807

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 ☐ Delete
D
NAME **ARMELLINI, ARTHUR**
STREET ADDRESS **555 CHALLENGER AVE.**
CITY-ST-ZIP **PT. CANAVERAL FL 32920**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
D
NAME **J.D. GILES**
STREET ADDRESS **635 BREVARD AVE.**
CITY-ST-ZIP **COCOA, FL 32922-7807**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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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 REQUIRED

1-14-00

Date

321-638-4744

Daytime Phone #

CR2E034 (9/99)