

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082199

1. Entity Name

MAINSTREAM MARINE SERVICES, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90109 011 \*\*\*158.75

Principal Place of Business

2727 W FLETCHER AV #28C  
TAMPA FL 33618

Mailing Address

2727 W FLETCHER AV #28C  
TAMPA FL 33618-3278

2. Principal Place of Business

1127 MAIN ST.

Suite, Apt. #, etc.

3. Mailing Address

1127 MAIN ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DUNEDIN FL

City & State

DUNEDIN FL

4. FEI Number

59-3597186

Applied For

Not Applicable

Zip

34698

Country

USA

Zip

34698

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARL A. SCHUH, PA  
111 2ND AVE NE #610  
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name **THE BOOKKEEPER & ASSOCIATES (CHARLES)**  
Street Address (P.O. Box Number is Not Acceptable) **2667-B N. FLORIDA AVE. (Hwy 41)**  
**P.O. Box 1478**  
City **HERNANDO** FL Zip Code **34442**

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

*Charles J Ponder*

CHARLES J PONDER

4/13/00

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

TITLE **D** **P / S** ☐ Delete  
NAME **JONES, JOHN**  
STREET ADDRESS **2727 W FLETCHER AV #28C**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** **VP / T** ☐ Delete  
NAME **DINGER, KRISTOPHER**  
STREET ADDRESS **2727 W FLETCHER AV #28C**  
CITY-ST-ZIP **TAMPA FL 33618**

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  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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:

*John I Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN I JONES  
PRES.

Date

4/10/00

Daytime Phone #

727 733

9730

CR2E034 (9/99)