

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90072 004 \*\*\*150.00

**DOCUMENT # P99000091785**

1. Entity Name

**MARTY'S MOBILE MARINE SERVICE, INC.**

Principal Place of Business

**343 CAUSEWAY BLVD.  
DUNEDIN FL 34698**

Mailing Address

**343 CAUSEWAY BLVD.  
DUNEDIN FL 34698**

2. Principal Place of Business

**175 U.S. Alt. Hwy 19**  
Suite, Apt. #, etc.

3. Mailing Address

**175 U.S. Alt. Hwy. 19**  
Suite, Apt. #, etc.

City & State

**Palm Harbor, FL**

City & State

**Palm Harbor, FL**

Zip

**34683**

Country

**Pinellas**

Zip

**34683**

Country

**Pinellas**

6. Name and Address of Current Registered Agent

**PFEIFER, MARTIN J  
2920 ALTERNATE 19 N., #141  
DUNEDIN FL 34698**

4. FEI Number

**59-3602119**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name **Martin J. Pfeifer**

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

**175 U.S. Alt. Hwy 19.**

City **Palm Harbor**

**FL**

Zip Code **34683**

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 **Martin J. Pfeifer**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/25/01**  
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 **D** ☒ Delete  
NAME **PFEIFER, MARTIN J**  
STREET ADDRESS **2920 ALTERNATE 19 N., #141**  
CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PH Martin Pfeifer** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **175 U.S. Alt Hwy 19**  
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **V. Connie Pfeifer** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **175 U.S. Alt. Hwy. 19**  
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **S. Kelley Wimmer** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **2920 Alt. 19 N. Lot 91**  
CITY-ST-ZIP **Dunedin, FL 34698**

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: **Martin J. Pfeifer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/01 (727) 515-0190**  
Date Daytime Phone #

CR2E034 (10/00)