

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093429

1. Entity Name

PACIFIC MARINE - USA CORP.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90035 020 ***150.00

Principal Place of Business

Mailing Address

4940 SWAN'S LN.
COCONUT CREEK FL 33073

4940 SWAN'S LN.
COCONUT CREEK FL 33073-2630

2. Principal Place of Business

3. Mailing Address

4940 Swan's Lane
Suite, Apt. #, etc.

4940 Swan's Lane
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Coconut Creek FL
Zip 33073 Country USA

Coconut Creek FL
Zip 33073-2630 Country USA

4. FEI Number

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

PIERSON, PATRICK
4940 SWAN'S LN.
COCONUT CREEK FL 33073

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 PRINCIPAL	<input type="checkbox"/> Delete
NAME PATRICK PIERSON	
STREET ADDRESS 4940 SWAN'S LANE	
CITY-ST-ZIP COCONUT CREEK, FL 33073	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PRINCIPAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PATRICK PIERSON	
STREET ADDRESS 4940 SWAN'S LANE	
CITY-ST-ZIP COCONUT CREEK, FL 33073	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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] PATRICK PIERSON

03/20/00

954-425-0118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)