## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # S61527** Apr 14, 2000 8:00 am Secretary of State MARINE HARDWARE SPECIALTIES, INC. 04-14-2000 90091 033 \*\*\*150.00 Plincipal Place of Business Mailing Address COCONUT CREEK FL 33467-4007 C PUTTES, INC. 6741 NW 45TH WAY MARINE HARDUARE COCONUT GREEK FL 03073 SPECILITIES TUC 1500 W COANS Re. 3853 COCONUTIZE LAKEWORTH FL 33461 33064 2. Principal Place of Business 3. Mailing Address 3853 Coconut Ad 500 WEST COPANS ROAD Suite, Apt. #, etc. 314 27 Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Pompano Beach FL City & State 4. FEI Number Applied For AKE WORTH FL 65-0268015 Not Applicable <sup>Zip</sup> 33064 Country \$8.75 Additional Certificate of Status Desired 461 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRESCHER LX NA() PRESCHER, WANCY C. PRESCHER, RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 3853 Exampled. <del>8741.NW 45TH WAY</del> EDCON-IT-PCI COCONUT CREEK-FL-33073 ALLOWOTH FL 33461 City 20Rt entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NANU PRECHER 1 3853 COCONUTED WARECHER, WANG PRESCHER: PHYLLIS NAME NAME 3853 (XONUTED 16741 NW 45 WAY STREET ADDRESS STREET ADDRESS LAKE WOETH PL. LALEWOTH FL CITY-ST-ZIP COCONUT CREEK FL CITY-ST-ZIP Change ☐ Addition TITLE TITLE PRESCHER, RICHARD A NAME NAME 3853 COCONNTRO 6741 NW-45 WAY STREET ADDRESS STREET ADDRESS COCONUT CREEK FL LAKE WOTH FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 eath; 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 an other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

CITY-ST-ZIP

INATURE (NO TYPED OF PRINTS) NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00 (454)9382090

e Daytime Phone #