## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 15, 2001 8:00 am DOCUMENT #-406421 **Secretary of State** 1. Entity Name **ROOKS MARINA, INC.** 02-15-2001 90040 037 \*\*\*150.00 Principal Place of Business Mailing Address %ROOKS MARINA INC %ROOKS MARINA INC 505 BAYOO BLVD 505 BAYOO BLVD 523414 PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1409336 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROOKS, DALE Street Address (P.O. Box Number is Not Acceptable) 2275 SCENIC HWY #206 PENSACOLA FL 32503 City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE Change ☐ Addition TITLE PD ☐ Delete NAME NAME ROOKS, JANE STREET ADDRESS STREET ADDRESS **BAYOU BLVD** CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ROOKS, DALE STREET ADDRESS STREET ADDRESS 2704 E. DESOTO ST. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Delete TITLE ` Change ☐ Addition TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR