

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S59638**

1. Entity Name

MARKER 5 MARINA, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90282 022 ***150.00

Principal Place of Business

**445 HAMDEN DRIVE
CLEARWATER FL 34630**

Mailing Address

**445 HAMDEN DRIVE
CLEARWATER FL 34630**

2. Principal Place of Business

2348 Sunset Point Rd

Suite, Apt. #, etc.

Suite A

City & State

Clearwater, FL

Zip

33765

Country

USA

3. Mailing Address

2348 Sunset Point Rd

Suite, Apt. #, etc.

Suite A

City & State

Clearwater, FL

Zip

33765

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3062345

Applied for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEATON, DARYL
445 HAMDEN DRIVE
CLEARWATER FL 34630**

7. Name and Address of New Registered Agent

Name

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

2348 Sunset Point Rd. Suite A

City

Clearwater,

Zip Code

33765

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

Daryl Seaton

4-17-01

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, 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	<input type="checkbox"/> Delete
NAME	SEATON, DARYL	
STREET ADDRESS	445 HAMDEN DRIVE	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEATON, JANE	
STREET ADDRESS	445 HAMDEN DRIVE	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEATON, DON	
STREET ADDRESS	445 HAMDEN DRIVE	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEATON, NANETTE	
STREET ADDRESS	445 HAMDEN DRIVE	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2348 Sunset Point Rd. Suite A	
STREET ADDRESS	Clearwater, FL 33765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2348 Sunset Point Rd. Suite A	
STREET ADDRESS	Clearwater, FL 33765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2348 Sunset point Rd. Suite A	
STREET ADDRESS	Clearwater, FL 33765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2348 Sunset Point Rd. Suite a	
STREET ADDRESS	Clearwater, FL 33765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daryl J. Seaton, Director

Date

727-725-4631

04/17/01

CR2E034 (10/00)