

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90178 033 ***150.00

DOCUMENT # P00000079335

1. Entity Name

CHANNEL MARKER SALES, INC.

Principal Place of Business

5121 EHRlich RD. #103B
 TAMPA FL 33624

Mailing Address

5121 EHRlich RD. #103B
 TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

16208 Marsh Field Dr. PO Box 340605

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C0057568



DO NOT WRITE IN THIS SPACE

City & State

Tampa Florida

City & State

Tampa FL

4. FEI Number

59-3363646

Applied For

Not Applicable

Zip

33624 Hillsborough

Country

Zip

33694 Hillsborough

Country

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

STEENBERGEN, PAUL VAN
5121 EHRlich RD. #103B
TAMPA FL 33624

Name

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

16208 Marsh Field DR

City

TAMPA

FL

Zip Code

33624

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **PAUL VAN STEENBERGEN**
 CITY-ST-ZIP **16208 MARSH FIELD DR. TAMPA FL 33624**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **PAUL VAN STEENBERGEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)