

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90150 011 \*\*\*150.00

0061570 AV

**DOCUMENT # F00000000366**

1. Entity Name  
**SHALIMAR MARINA, INC.**

Principal Place of Business      Mailing Address  
**100 OLD FERRY ROAD**      **P.O. BOX 798**  
**SHALIMAR FL 32579**      **SHALIMAR FL 32579**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**13 MEIGS DRIVE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**PO BOX 798**

City & State      City & State  
**SHALIMAR, FL**

Zip      Country      Zip      Country  
**32579**      **USA**

4. FEI Number      Applied For  
**65-1805067**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MAXON, ROBERT P JR**  
**13 MEIGS DR**  
**P.O. BOX 798**  
**SHALIMAR FL 32579**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>MAXON, ROBERT P JR</b> <b>13 MEIGS DR</b> <b>SHALIMAR FL 32579</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD</b> <b>MAXON, SAMUEL M</b> <b>1195 RAMBLEWOOD DR.</b> <b>GULF BREEZE FL 32561-3172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAMBERT, EUGENIA M</b> <b>3754 EVEREST DRIVE</b> <b>MONTGOMERY AL 36106-3344</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02**      **850-657-5201**  
 Date      Daytime Phone #

CR2E034 (9/01)