

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91839 036 ***150.00

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DOCUMENT # F00000000366

1. Entity Name
SHALIMAR MARINA, INC.



Principal Place of Business
**13 MEIGS DRIVE
PO BOX 798
SHALIMAR FL 32579**

Mailing Address
**P.O. BOX 798
SHALIMAR FL 32579**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1805067**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENEVIEVE MAXON STARK	
STREET ADDRESS	314 SOUTH JACKSON STREET	
CITY-ST-ZIP	STARKVILLE, MS 39759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert P. Maxon 4/29/03 850-651-5201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)