

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 331293

1. Entity Name

SHIELDS MARINA, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90451 001 ***150.00

00032050



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 218 95 RIVERSIDE DRIVE ST MARKS ISLAND FL 32355 US	Mailing Address P.O. BOX 218 95 RIVERSIDE DRIVE ST MARKS ISLAND FL 32355 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-1230799	Applied For	☐
		Not Applicable	☐

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SHIELDS, CHARLES C. JR.
95 RIVERSIDE DRIVE
ST MARKS FL 32355

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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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	PT	☐ Delete
NAME	SHIELDS, CHARLES JR	
STREET ADDRESS	95 RIVERSIDE DRIVE	
CITY-ST-ZIP	ST. MARKS, FL 0	
TITLE	VS	☐ Delete
NAME	SHIELDS, PAMELA G.	
STREET ADDRESS	95 RIVERSIDE DRIVE	
CITY-ST-ZIP	ST. MARKS, FL 0	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 an officer like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01
Date

850-925-6158
Daytime Phone #

CR2E034 (10/00)