FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am Secretary of State DOCUMENT # 362835 1. Entity Name 01-30-2002 90079 005 \*\*\*158.75 GUNDLACH'S MARINA, INC. Principal Place of Business Mailing Address 870 N. FEDERAL HWY. 870 N. FEDERAL HWY. LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1289369 Not Applicable Country Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GUNDLACH, STEPHEN C** Street Address (P.O. Box Number is Not Acceptable) 870 NORTH FEDERAL HWY LANTANA FL 33462 Zip Code City FL A 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME GUNDLACH, PAUL B. STREET ADDRESS STREET ADDRESS 121 PARK LANE EAST CITY-ST-ZIP CITY-ST-ZIP HYPOLUXO FL 33462 ☐ Addition Change ☐ Delete TITLE TITLE **VD** NAME NAME GUNDLACH, STANLEY J. 129 PARK LANE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HYPOLUXO FL 33462 TITLE Change Addition TITLE ☐ Delete NAME GUNDLACH, STEPHEN C. STREET ADDRESS STREET ADDRESS 914 NORTH ATLANTIC DRIVE CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: §