

2001 UNIFORM BUSINESS REPORT (UBR)

3/14

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-14-2001 90472 003 ***150.00

DOCUMENT # 370726

1. Entity Name

JON'S MARINA, INC.

Principal Place of Business

171-8 CANAL ST.
SUWANNEE FL 32692

Mailing Address

POST OFFICE BOX 315
SUWANNEE FL 32692-0315

2. Principal Place of Business

SUWANNEE - LOT 178 CANAL ST.

3. Mailing Address

P.O. Box 315

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUWANNEE, FL

City & State

SUWANNEE, FL

Zip

32692

Country

USA

Zip

32692

Country

USA

6. Name and Address of Current Registered Agent

FARMER, JON V
PO BOX 178 CANAL STREET
SUWANNEE FL 32692

7. Name and Address of New Registered Agent

Name **Jon V. Farmer**
Street Address (P.O. Box Number is Not Acceptable)
171 CANAL STREET
City **SUWANNEE, FL** Zip Code **32692**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FARMER, JON V	
STREET ADDRESS	178 CANAL ST.	
CITY-ST-ZIP	SUWANNEE FL 32692-0315	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FARMER, NANCY M	
STREET ADDRESS	178 CANAL ST.	
CITY-ST-ZIP	SUWANNEE FL 32692-0315	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARMER, CHARLES K	
STREET ADDRESS	PO BOX 393	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYRE, GIGI H. FARMER	
STREET ADDRESS	406 BRADY CIR	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jon V Farmer	
STREET ADDRESS	178 CANAL ST	
CITY-ST-ZIP	SUWANNEE, FL 32692	
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		
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		

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

3-12-01 352-542-2833

Date

Daytime Phone #

CR2E034 (10/00)