

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 387919

1. Entity Name

GLENN-MAR MARINE SUPPLY, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90043 050 \*\*\*150.00

Principal Place of Business

6870 142ND AVE NORTH  
P.O.BOX 1306  
LARGO FL 33771

Mailing Address

6870 142ND AVE NORTH  
P.O.BOX 1306  
LARGO FLA 34641

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 38-7919620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RABBASS, GLENN M  
2215 BOW LANE  
SAFETY HARBOR FL 34695

Name

CINDY R. LINEBERRY

Street Address (P.O. Box Number is Not Acceptable)

1821 ELAINE DRIVE

City

CLEARWATER

FL

Zip Code

33760

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 Cindy R. Lineberry PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-27-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME RABBASS, GLENN M  
STREET ADDRESS 2215 BOW LANE  
CITY-ST-ZIP SAFETY HARBOR, FL 00000

TITLE PD ☒ Change ☐ Addition  
NAME CINDY R. LINEBERRY  
STREET ADDRESS 1821 ELAINE DRIVE  
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE D ☒ Delete  
NAME MCFARLAND, DONALD O.  
STREET ADDRESS 108 HERCULES AVENUE S  
CITY-ST-ZIP CLEARWATER FL

TITLE SD ☒ Change ☒ Addition  
NAME JILL E.R. NEALY  
STREET ADDRESS 1025 MISTY HOLLOW LANE  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE SD ☒ Delete  
NAME LINEBERRY, CINDY R.  
STREET ADDRESS 1821 ELAINE DRIVE  
CITY-ST-ZIP CLEARWATER FL

TITLE D ☒ Change ☒ Addition  
NAME ROBERT J. NEALY  
STREET ADDRESS 1025 MISTY HOLLOW LANE  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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 all other like empowered.

SIGNATURE:

Cindy R. Lineberry

CINDY R. LINEBERRY

4-27-01

727-536-1955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)