

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90015 006 ****61.25

DOCUMENT # 754418

1. Entity Name

APALACHEE BAY MARINE SAFETY SUPPORT GROUP, INC.

Principal Place of Business

Mailing Address

1557 SHELL POINT RD
 CRAWFORDVILLE FL 32327
 US

1557 SHELL POINT RD
 CRAWFORDVILLE FL 32327
 US

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

59-2928401

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

KINNEBREW, T.N.
2812 SPRINGDALE DR
TALLAHASSEE FL 32312

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **WOOLINGTON, W ANDY**
 CITY-ST-ZIP **24 MATHERS FARM RD**
CRAWFORDVILLE FL 32327

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **CAMPBELL, JODY**
 CITY-ST-ZIP **121 ROYSTER DR**
CRAWFORDVILLE FL 32327

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **EDRINGTON, JOHN D JR**
 CITY-ST-ZIP **18 GULF BREEZE CT**
CRAWFORDVILLE FL 32327

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **DOYLE, JIMMIE**
 CITY-ST-ZIP **40 CARROLL DR**
CRAWFORDVILLE FL 32327

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **JIM P. MCGILL**
 CITY-ST-ZIP **181 HARBOUR POINT DR**
CRAWFORDVILLE FL 32327

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **MORGAN, ROBERT M**
 CITY-ST-ZIP **112 ROYSTER DR**
CRAWFORDVILLE FL 32327

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALVERSON, SHERRIE D**
 CITY-ST-ZIP **19 ALVERSON WAY**
CRAWFORDVILLE FL 32327

TITLE ☐ Change ☐ 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 APRIL 2002 850-926-8074

Date

Daytime Phone #

CR2E037 (9/01)