

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007174 AT

DOCUMENT # B000000000009

1. Entity Name

SHALIMAR MARINA, L.P.

Principal Place of Business

100 OLD FERRY ROAD  
SHALIMAR FL 32579

Mailing Address

PO BOX 798  
SHALIMAR FL 32579

APPROVAL  
AND  
FILED

02 APR 22 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

13 MEIGS DRIVE  
PO BOX 798

Suite, Apt. #, etc.

City & State  
SHALIMAR, FL

City & State

Zip  
32579

Country  
USA

Zip  
Country

DUE BY MAY 1, 2002

4. FEI Number  
62-1805066

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

MAXON JR, ROBERT P  
13 MEIGS DRIVE  
SHALIMAR FL 32579

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.

DATE

9. Capital Contributions as Shown on record.

\$250,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F00000000366  
NAME SHALIMAR MARINA INC  
STREET ADDRESS 100 OLD FERRY RD  
CITY-ST-ZIP SHALIMAR FL

STREET ADDRESS 13 MEIGS DRIVE  
CITY-ST-ZIP SHALIMAR, FL 32579

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

8000005361458-4  
-04/29/02--01008--015  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/02 850-657-5204

Date Daytime Phone #

CR2E003 (9/01)