

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000366

1. Entity Name

SHALIMAR MARINA, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90088 041 ***150.00

Principal Place of Business

100 OLD FERRY ROAD
SHALIMAR FL 32579

Mailing Address

100 OLD FERRY ROAD
SHALIMAR FL 32579

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO Box 798

City & State

SHALIMAR, FLORIDA

Zip

Country

32579

Country

USA

4. FEI Number

APPLIED FOR
62-1805067

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, ROBERT P JR
100 OLD FERRY ROAD
SHALIMAR FL 32579

Name MAXON, ROBERT P. JR

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

13 MEIGS DRIVE
PO BOX 798

City

SHALIMAR

FL

Zip Code

32579

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

4/24/01

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 PC ☐ Delete
NAME MAXON, ROBERT P JR
STREET ADDRESS 100 OLD FERRY ROAD
CITY-ST-ZIP SHALIMAR FL 32579

☒ Change ☐ Addition
NAME 13 MEIGS DRIVE
STREET ADDRESS SHALIMAR, FL 32579
CITY-ST-ZIP

TITLE TSD ☐ Delete
NAME MAXON, SAMUEL M
STREET ADDRESS 1195 RAMBLEWOOD DR.
CITY-ST-ZIP GULF BREEZE FL 32561-3172

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

TITLE D ☐ Delete
NAME LAMBERT, EUGENIA M
STREET ADDRESS 3754 EVEREST DRIVE
CITY-ST-ZIP MONTGOMERY AL 36106-3344

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01 850-657-0500

CR2E034 (10/00)