

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90005 045 \*\*\*150.00

**DOCUMENT # F67293**

1. Entity Name  
**SCHOONER FENICIO, INC.**

Principal Place of Business  
**39 MAGNOLIA AVENUE**  
**ST AUGUSTINE FL 32084**

Mailing Address  
**39 MAGNOLIA AVENUE**  
**ST AUGUSTINE FL 32084**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**FISH ISLAND MARINA**

Suite, Apt. #, etc.  
**650 STATE RD 312**

City & State  
**ST AUGUSTINE, FL**

Zip  
**32085**

Country  
**USA**

3. Mailing Address  
**SCHOONER FENICIO INC**

Suite, Apt. #, etc.  
**P.O. Box 3186**

City & State  
**ST AUGUSTINE**

Zip  
**32085**

Country  
**USA**

4. FEI Number **59-2163341**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**HENDRY, HAROLD, JR**  
**39 MAGNOLIA AVENUE**  
**ST AUGUSTINE FL 32084**

## 7. Name and Address of New Registered Agent

Name **HAROLD Hendry JR**  
 Street Address (P.O. Box Number is Not Acceptable)

**66 ZAMORA ST.**

City **ST AUGUSTINE** **FL** Zip Code **32084**

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.

**HAROLD HENDRY JR**

SIGNATURE **Harold Hendry JR** PD

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-9-02**

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, 2002 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 **PD** ☒ Delete  
 NAME **HENDRY, HAROLD, JR.**  
 STREET ADDRESS **39 MAGNOLIA AVE**  
 CITY-ST-ZIP **ST AUGUSTINE, FL 00000**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **HENDRY, HAROLD JR.**  
 STREET ADDRESS **66 ZAMORA ST.**  
 CITY-ST-ZIP **ST AUGUSTINE, FL 32084**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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: **Harold Hendry JR** **4-9-02** **904 471-1955**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)