

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90324 037 ***150.00

DOCUMENT # **F95000001032**

1. Entity Name

AQUIA BEACH MARINA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1131 VERNON PL.

3. Mailing Address

1131 VERNON PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Marco Island, FL

City & State

Marco Island, FL

4. FEI Number

540788856

Applied For

Not Applicable

Zip

34145

Country

USA

Zip

34145

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Parcelles, Robert J. Sr.

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

1131 VERNON PL.

City

Marco Island

FL

Zip Code
34145

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
PTC	PARCELLES, Robert J. Sr.	1131 VERNON PL.	Marco Island, FL 34145
S	PARCELLES, Rodger J.	600 Lewis Court	Marco Island, FL 34145
V	SALE, RUBIN	3-HOFF-SPRINGS ROAD	Stafford, VA
D	Dean, David D.	2750 Killarney Drive	Woodbridge, VA 22192

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

941-642-5415

Date

Daytime Phone #

CR2E034B (12/01)