

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-27-2002 90039 028 ***150.00

MARKET 1 AV

DOCUMENT # F98000002264

1. Entity Name

MARINEMAX, INC.

Principal Place of Business

**18167 U.S. HWY. 19 NORTH. STE. 499
 CLEARWATER FL 33764**

Mailing Address

**18167 U.S. HWY. 19 NORTH. STE. 499
 CLEARWATER FL 33764**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3496957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

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 NAME ☐ Delete
**P/D
 BASSETT, RICHARD R
 700 S. FEDERAL HWY.
 CITY-ST-ZIP
 POMPANO BEACH FL 33067**

TITLE NAME ☐ Delete
**DCEO
 MCGILL, WILLIAM H JR.
 18167 U.S. HWY. 19 NORTH, STE. 499
 CITY-ST-ZIP
 CLEARWATER FL 33764**

TITLE NAME ☐ Delete
**AS
 FRAHN, KURT
 18167 US HWY 19 N., STE 499
 CITY-ST-ZIP
 CLEARWATER FL 33764**

TITLE NAME ☐ Delete
**VT/S
 MCLAMB, MICHAEL H
 18167 U.S. HWY. 19 NORTH, STE. 499
 CITY-ST-ZIP
 CLEARWATER FL 33764**

TITLE NAME ☒ Delete
**D
 THOMAS, R. DAVID
 8131 POST ROAD STE #203
 CITY-ST-ZIP
 DUBLIN OH 43017**

TITLE NAME ☐ Delete
**D
 STOVALL, GRAHAM
 18167 US 19 NORTH, SUITE 499
 CITY-ST-ZIP
 CLEARWATER FL 33764**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition
**D
 ROBERT KANT
 18167 US 19 N, STE 499
 CITY-ST-ZIP
 CLEARWATER, FL 33764**

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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

1/10/02

Date

(822) 531-1700

Daytime Phone #

CR2E034 (9/01)