

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90045 030 ***150.00

DOCUMENT # G40705
 1. Entity Name
MARINA ISLES DEVELOPMENT CORP.

Principal Place of Business 409 PALM SPRINGS BLVD INDIAN HARBOUR BEACH FL 32937 US	Mailing Address 409 PALM SPRINGS BLVD SATELLITE BEACH FL 32937 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1692 W. Hibiscus Blvd.	3. Mailing Address 1692 W. Hibiscus Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Melbourne, Fla.	City & State Melbourne, FL	4. FEI Number 59-2293188	Applied For Not Applicable
Zip 32901	Country Brevard	Zip 32901	Country Brevard

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

6. Name and Address of Current Registered Agent
**NORMILE, JR H C
 1499 SO HARBOR CITY BLVD
 SUITE 303
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent
 Name **Kenneth A. Whittaker**
 Street Address (P.O. Box Number is Not Acceptable)
1692 W. Hibiscus Blvd.
 City **Melbourne** FL Zip Code **32901**

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 DATE **2-1-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, VERONICA 10 MARINA ISLES BLVD INDIAN HARBOUR BH FL 32937	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PERSON, ARTHUR B. 1406 SO RIVERSIDE DR INDIATLANTIC FL 32903	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POORBAUGH, STEVEN L 333 NAUTICA CT INDIAN HARBOUR BCH FL 32937	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: DATE: **(321) 723-3352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)