

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED

May 21, 2001 8:00 am
Secretary of State

04-26-2001 90117 026 ***150.00

DOCUMENT # **G95139**

1. Entity Name

Tony's Marine, Inc.

Principal Place of Business

Anthony Williams
941 SE 20 St. Bay 44
Ft. Lauderdale, FL 33316

Mailing Address

Anthony Williams
941 SE 20 St. Bay 44
Ft. Lauderdale, FL 33316

2. Principal Place of Business

941 SE 20 Street
Bay 44

3. Mailing Address

941 SE 20 Street
Bay 44

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33316

Country

Zip

33316

Country

4. FEI Number

59-2448566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Williams, Anthony
941 SE 20 St. Bay 44
Ft. Lauderdale, FL 33316

7. Name and Address of New Registered Agent

Name **William L. Adamson**
Street Address (P.O. Box Number is Not Acceptable)
941 SE 20 St
Bay 44
City **Ft. Lauderdale** **FL** Zip Code **33316**

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

4/21/01

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

TITLE **PST**
NAME **Williams, Anthony M.** ☒ Delete
STREET ADDRESS **941 SE 20 St. Bay 44**
CITY-ST-ZIP **Ft. Lauderdale FL 33316**

TITLE **D**
NAME **Williams, Anthony M.** ☒ Delete
STREET ADDRESS **941 SE 20 St. Bay 44**
CITY-ST-ZIP **Ft. Lauderdale FL 33316**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT**
NAME **ADAMSON, William L.** ☐ Change ☒ Addition
STREET ADDRESS **941 SE 20 St. Bay 44**
CITY-ST-ZIP **Ft. Lauderdale FL 33316**

TITLE **DS**
NAME **PATTERSON, Helen A.** ☐ Change ☒ Addition
STREET ADDRESS **941 SE 20 St. Bay 44**
CITY-ST-ZIP **Ft. Lauderdale FL 33316**

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

William L. Adamson

Date

4/21/01

Daytime Phone #

594-885-7701

CR2E034 (11/00)