

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J42633

1. Entity Name

SEAMARK YACHT SERVICES, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90137 013 \*\*\*150.00

Principal Place of Business

870 COPA D ORO  
600 CALLE DE LUNA  
MARATHON FL 33050  
US

Mailing Address

870 COPA D ORO  
600 CALLE DE LUNA  
MARATHON FL 33050  
US

2. Principal Place of Business

Marathon, FL

Suite, Apt. #, etc.

3. Mailing Address

870 Copa D Oro

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Marathon FL

Zip

33050

Country

Monroe

City & State

Marathon FL

Zip

33050

Country

Monroe

4. FEI Number

65-0191818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCKEMIE, WILLIAM H.  
870 COPA D ORO  
MARATHON FL 33050

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

*William H. McKemie*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

*4-19-01*

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	PDT	<input type="checkbox"/> Delete
NAME	MCKEMIE, WILLIAM HUBERT	
STREET ADDRESS	870 COPA D ORO	
CITY-ST-ZIP	MARATHON FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MCKEMIE, JUDITH L.	
STREET ADDRESS	870 COPA D ORO	
CITY-ST-ZIP	MARATHON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCKEMIE, JUDITH L.	
STREET ADDRESS	870 COPA D ORO	
CITY-ST-ZIP	MARATHON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 I/we empowered.

SIGNATURE:

*William H. McKemie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-19-01 7430769*

Date

Daytime Phone #

CR2E034 (10/00)