

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90637 007 ***150.00

DOCUMENT # J42633

1. Entity Name

SEAMARK YACHT SERVICES, INC.

Principal Place of Business

**MARATHON, FL
 MARATHON FL 33050
 US**

Mailing Address

**870 COPA D ORO
 MARATHON FL 33050
 US**

2. Principal Place of Business

Marathon FL

3. Mailing Address

P.O. Box 504 326

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

Marathon FL

Zip

33050

Country

Zip

33050

Country

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**

7. Name and Address of New Registered Agent

Name *McKemie William H.*
 Street Address (P.O. Box Number is Not Acceptable) *P.O. Box 504 326*
110 Alyn Ln
 City *Marathon* **FL** Zip Code *33050*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/02

9. This corporation is eligible to satisfy its intangible

tax filing requirement and elects to do so. ☐

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	PDT	<input type="checkbox"/> Delete
NAME	MCKEMIE, WILLIAM HUBERT	
STREET ADDRESS	870 COPA D ORO	
CITY-ST-ZIP	MARATHON FL	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	MCKEMIE, JUDITH L.	
STREET ADDRESS	870 COPA D ORO	
CITY-ST-ZIP	MARATHON FL	
TITLE	VD	<input checked="" 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	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McKemie, William H	
STREET ADDRESS	110 Alyn Ln	
CITY-ST-ZIP	Marathon, FL 33050	
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		
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		

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:

William H. McKemie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/02 305 7436849

CR2E034 (9/01)