

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K21331

1. Entity Name

SNUG HARBOUR MARINE, INC. OF PANAMA CITY

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90016 038 ***550.00

Principal Place of Business

221 MCKENZIE AVE.
P. O. BOX 70
PANAMA CITY FL 32402

Mailing Address

221 MCKENZIE AVE.
P. O. BOX 70
PANAMA CITY FL 32402

2. Principal Place of Business

3. Mailing Address

PO Box 1266

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Panama city

City & State

City & State

FL

Zip

Country

Zip

32402

Country

usa

4. FEI Number

59-2892604

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHISON, JR. EDWARD A.
221 MCKENZIE AVE.
PANAMA CITY FL 32402

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEE, JOHN V.
P O BOX 1266
PANAMA CITY FL

☐ Delete

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/2000

Date

850 785 0080

Daytime Phone #

CR2E034 (5/00)