

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005966

1. Entity Name

COMO MARINA, LLC

FILED

01 MAY 23 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

100 OLD FERRY ROAD, BOX 189
SHALIMAR FL 32579

Mailing Address

100 OLD FERRY ROAD, BOX 189
SHALIMAR FL 32579

2. Principal Place of Business

3. Mailing Address

PO Box 798

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SHALIMAR, FLORIDA

Zip

Country

Zip

Country

32579

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAXON, ROBERT P JR.
100 OLD FERRY ROAD
SHALIMAR FL 32579

Name

MAXON, ROBERT P. JR

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

13 MEIGS DRIVE

PO Box 798

City

SHALIMAR

FL

Zip Code

32579

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004424044--4

-06/18/01--01033--010

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

member - SHALIMAR MARINA, L.P.
member - SHALIMAR MARINA, INC
100 OLD FERRY ROAD
SHALIMAR, FL 32579

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/01 850-250-570

Date

Daytime Phone #

CR2E083 (11/00)