

1/22

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

01-22-2002 90094 016 ****50.00

DOCUMENT # L01000016789

1. Entity Name

AMELIA MARINE INVESTMENTS, LLC

Principal Place of Business

317 CENTER STREET
FERNANDINA BEACH FL 32034

Mailing Address

317 CENTER STREET
FERNANDINA BEACH FL 32034

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

LANIER, TODD B
 317 CENTER STREET
 FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME **MANAGING MEMBER**
 STREET ADDRESS **Todd B. LANIER**
 CITY-ST-ZIP **317 Red Cedar
Amelia Island FL 32034**

TITLE ☐ Delete
 NAME **man bar**
 STREET ADDRESS **William J. ADCK**
 CITY-ST-ZIP **2008 Highland Dr
Amelia Island FL 32034**

TITLE ☐ Delete
 NAME **MEMBER**
 STREET ADDRESS **VANN SIMMONS**
 CITY-ST-ZIP **3 LIVE OAK
Amelia Island FL 32034**

TITLE ☐ Delete
 NAME **man bar**
 STREET ADDRESS **The Duke Holding Co.**
 CITY-ST-ZIP **2334 S 8th St
Amelia Island FL 32034**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TODD B. LANIER**1-17-02 904-261-3600**

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

Date

Daytime Phone #

CR2E083 (9/01)