

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91618 001 ***150.00

DOCUMENT # L12573

1. Entity Name
BLIND PASS MARINA, INC.

Principal Place of Business
16326 GULF BLVD
NORTH REDINGTON BEACH FL 33708-1542

Mailing Address
16326 GULF BLVD
NORTH REDINGTON BEACH FL 33708-1542

BU0083400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
267 75th Avenue
 Suite, Apt. #, etc.

3. Mailing Address
267 75th Avenue
 Suite, Apt. #, etc.

City & State
St. Pete Bch., FL 33706

City & State
St. Pete Bch., FL 33706

Zip
USA

Zip
USA

4. FEI Number **59-2968842**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOUGLASS, ROBERT A.
8351 BLIND PASS RD
ST PETERSBURG BEACH FL 33706

7. Name and Address of New Registered Agent

Name
DOUGLASS, ROBERT A.

Street Address (P.O. Box Number is Not Acceptable)
267 75th Avenue

City
St. Pete Beach

FL Zip Code
33706

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	D MEDLEY, EDWARD 4300 45 ST S ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADSWORTH, LON C. 8351 BLIND PASS RD ST PETERSBURG BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOUGLASS, ROBERT A. 8351 BLIND PASS RD ST PETERSBURG BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 267 75th Avenue St. Pete Beach, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 267 75th Avenue St. Pete Beach, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 727-3606954

Date

Daytime Phone #

CR2E034 (9/01)