

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90320 029 ***150.00

DOCUMENT # L12573

1. Entity Name
BLIND PASS MARINA, INC.



Principal Place of Business
267 75TH AVE.
SAINT PETERSBURG FL 33706

Mailing Address
267 75TH AVE.
SAINT PETERSBURG FL 33706

2. Principal Place of Business
597 Corey Avenue

3. Mailing Address
597 Corey Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Pete Beach, FL

City & State
St. Pete Beach, FL

Zip
33706

Country
USA

Zip
33706

Country
USA

4. FEI Number
59-2968842

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DOUGLASS, ROBERT A.
267 75TH AVE.
ST PETERSBURG BEACH FL 33706

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
597 Corey Avenue
St. Pete Beach, FL
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert A. Douglass*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/20/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MEDLEY, EDWARD**
STREET ADDRESS **4300 45 ST S**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ Delete
NAME **WADSWORTH, LON C.**
STREET ADDRESS **267 75TH AVE.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE **DP** ☐ Delete
NAME **DOUGLASS, ROBERT A.**
STREET ADDRESS **267 75TH AVE.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☒ Change ☐ Addition
NAME **Lon C. Wadsworth**
STREET ADDRESS **597 Corey Avenue**
CITY-ST-ZIP **St. Pete Beach, FL 33706**

TITLE **DP** ☒ Change ☐ Addition
NAME **Robert A. Douglass**
STREET ADDRESS **597 Corey Avenue**
CITY-ST-ZIP **St. Pete Beach, FL 33706**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert A. Douglass*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)