

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L45008

1. Entity Name

STEVE'S DISCOUNT MARINE, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90103 045 \*\*\*150.00

Principal Place of Business

%PHILIP B PETERSON ESO  
690 NORTH U.S. HIGHWAY 1  
OAKHILL FL 32759

Mailing Address

%PHILIP B PETERSON ESO  
690 NORTH U.S. HIGHWAY 1  
OAKHILL FL 32759-9657

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0210043**

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

PETERSON, PHILIP B  
418 CANAL ST  
P O BOX 428  
NEW SMYRNA BEACH FL 32170

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 \$150.00**  
**After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	COOLEY, STEPHEN	
STREET ADDRESS	690 NORTH U.S. 1	
CITY-ST-ZIP	OAK HILL FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	DERRICK, BOBBY J	
STREET ADDRESS	690 NORTH U.S. 1	
CITY-ST-ZIP	OAK HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DERRICK, BOBBY J	
STREET ADDRESS	690 NORTH U.S. 1	
CITY-ST-ZIP	OAK HILL FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additi
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CITY-ST-ZIP		

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bobby Derrick **RE-Bobby DERRICK** 1-18-00 904 345 413.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #