

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90523 020 ***150.00

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DOCUMENT # L45078

1. Entity Name
MARINATOWN YACHT SALES, INC.



Principal Place of Business
**3591 FOWLER STREET
FORT MYERS FL 33901
US**

Mailing Address
**P.O. BOX 6966
FT. MYERS FL 33911
US**

11018131



2. Principal Place of Business

13180 N. Cleveland Ave.

3. Mailing Address

13180 N. Cleveland Ave

Suite, Apt. #, etc.

#111

Suite, Apt. #, etc.

#111

City & State

N. Ft. Myers, FL

City & State

N. Ft. Myers, FL

Zip

33903

Country

Lee

Zip

33903

Country

Lee

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0165817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRONIN, THOMAS R
3591 FOWLER STREET
FORT MYERS FL 33901**

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. I am familiar with, and accept the obligations of registered agent.

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 \$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	P	<input type="checkbox"/> Delete
NAME	CRONIN, THOMAS	
STREET ADDRESS	3591 FOWLER STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GYARMATHY, JAMES	
STREET ADDRESS	13180 N. CLEVELAND AVENUE	
CITY-ST-ZIP	N. FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	GYARMATHY, GARY	
STREET ADDRESS	13180 N CLEVELAND AVE SUITE 326	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE	STD	<input type="checkbox"/> Delete
NAME	POVIA, LAWRENCE P	
STREET ADDRESS	P.O. BOX 248	
CITY-ST-ZIP	FORT MYERS FL 33902	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUSH, PAUL	
STREET ADDRESS	UNIVERSITY DR #650	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, TRACY A	
STREET ADDRESS	1524 WILTON LANE	
CITY-ST-ZIP	SANIBEL FL 33957	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)