

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90185 049 ***150.00

DOCUMENT # L57599**1. Entity Name**
MARINA MIKE'S, INC.**Principal Place of Business****Mailing Address****19300 US 41 S**
FT. MYERS FL 33908**19300 US 41 S**
FT. MYERS FL 33908**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 65-0183277

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****MURPHY, GARY L**
21 FIRST ST
BONITA SPRINGS FL 33923

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****P** ☐ Delete
TITLE
NAME **MURPHY, GARY L**
STREET ADDRESS **21 FIRST ST**
CITY-ST-ZIP **BONITA SPRINGS FL**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**S** ☐ Delete
TITLE
NAME **MURPHY, DIANE S**
STREET ADDRESS **21 FIRST ST**
CITY-ST-ZIP **BONITA SPRINGS FL**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**V** ☐ Delete
TITLE
NAME **MURPHY, MICHAEL V**
STREET ADDRESS **21 FIRST ST**
CITY-ST-ZIP **BONITA SPRINGS FL**☐ Change ☐ Addition
TITLE
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STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
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CITY-ST-ZIP☐ Change ☐ Addition
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STREET ADDRESS
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 reports 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

GARY Murphy**4-16-01**

Date

941-267-0725

Daytime Phone #

CR2E034 (10/00)