

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L69305

1. Entity Name

LOU'S MARINE REPAIR, INC.

Principal Place of Business

815 HOOD AVE
LEESBURG FL 34748-5651
US

Mailing Address

815 HOOD AVE
LEESBURG FL 34748-5651
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FROST, LEWIS STEPHEN
815 HOOD AVE
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name Carol Ann Frost
Street Address (P.O. Box Number is Not Acceptable)
05115 Robin Drive
Fruitland Park 34731
City 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 Carol Frost, President DATE 4/23/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FROST, JR., LEWIS S	
STREET ADDRESS	11931-1 METRO PKWY.	
CITY-STATE-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	FROST, CAROL ANN	
STREET ADDRESS	5115 ROBIN DR	
CITY-STATE-ZIP	FRUITLAND PARK FL	
TITLE	Frost, Riley Julie	<input type="checkbox"/> Delete
NAME	19205 W 7th St	
STREET ADDRESS	Umatilla	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frost, Jr., Lewis S	
STREET ADDRESS	2855 Preston Ridge Lane	
CITY-STATE-ZIP	Dacula, GA 30019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Riley, Julie Ann	
STREET ADDRESS	19205 W 7th St	
CITY-STATE-ZIP	Umatilla, FL 32784	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Frost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01



DO NOT WRITE IN THIS SPACE

UBR034/3

CR2E034 (10/00)