

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90096 021 ***150.00

DOCUMENT # L73803

1. Entity Name
CONDOOR MARINE INC.

Principal Place of Business

**4095 SE BAY AVE.
 STUART FL 34997
 US**

Mailing Address

**4095 SE BAY AVE.
 STUART FL 34997
 US**

2. Principal Place of Business

2257 Royal Ln
 Suite, Apt. #, etc.

3. Mailing Address

2257 Royal Ln
 Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number

65-0204302

Applied For

Not Applicable

Zip **34112-5317**

Country **U.S.A.**

Zip **34112-5317**

Country **U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DUNN, SUSAN
 4095 SE BAY AVE.
 STUART FL 34997**

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.

SIGNATURE **Susan B. Dunn**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-08-02

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, 2002 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 **P** ☐ Delete
 NAME **DUNN, SUSAN B.**
 STREET ADDRESS **4095 SE BAY AVENUE**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **V** ☐ Delete
 NAME **DUNN, STEVEN G.**
 STREET ADDRESS **4095 SE BAY AVENUE**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **S** ☐ Delete
 NAME **BAILEY, MARGRET S.**
 STREET ADDRESS **2809 ESTEY AVENUE**
 CITY-ST-ZIP **NAPLES FL 34962**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2257 Royal Ln.**
 CITY-ST-ZIP **Naples, FL 34112**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2257 Royal Ln**
 CITY-ST-ZIP **Naples, FL 34112**

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

TITLE ☐ Change ☐ Addition
 NAME
 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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-08-02

941-417-2224

CR2E034 (9/01)