

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90214 030 ***150.00

DOCUMENT # M87215



1. Entity Name
GOODLAND BAY MARINA, INC.

Principal Place of Business
**604 E. PALM AVE.
P.O. BOX 397
GOODLAND FL 34140**

Mailing Address
**604 E. PALM AVE.
P.O. BOX 397
GOODLAND FL 34140**



2. Principal Place of Business

3. Mailing Address
113 Bermuda Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
Marco Isl, FL

4. FEI Number **65-0055750**

Applied For
Not Applicable

Zip

Country

Zip
34145

Country
USA

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

**LAW, DAVID
604 E. PALM AVE.
GOODLAND FL 34140**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LAW, DAVID**
STREET ADDRESS **604 E. PALM AVE.**
CITY-ST-ZIP **GOODLAND FL 34140**

TITLE **P** ☒ Change ☐ Addition
NAME **LAW, DAVID**
STREET ADDRESS **113 Bermuda Rd**
CITY-ST-ZIP **Marco Isl, FL 34145**

TITLE **ST** ☐ Delete
NAME **LAW, RITA**
STREET ADDRESS **604 E. PALM AVE.**
CITY-ST-ZIP **GOODLAND FL 34140**

TITLE **ST** ☒ Change ☐ Addition
NAME **LAW, RITA**
STREET ADDRESS **113 Bermuda Rd**
CITY-ST-ZIP **Marco Isl, FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

2/5/03 **239-394-2797**
Date Daytime Phone #

CR2E034 (10/02)