

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2003 8:00 am
Secretary of State

06-26-2003 90038 038 ****61.25

DOCUMENT # N02000007720

1. Entity Name

MARINE INDUSTRY ASSOCIATION OF ST. AUGUSTINE, INC.



Principal Place of Business

**57 COMARES AVE
ST. AUGUSTINE FL 32080**

Mailing Address

**57 COMARES AVE
ST. AUGUSTINE FL 32080**

2. Principal Place of Business

404 Riberia St

3. Mailing Address

404 Riberia St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine FL

City & State

St. Augustine FL

4. FEI Number

04-3717856

Applied For

Not Applicable

Zip

32084

Country

US

Zip

32084

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZAPPA, LOUIS
57 COMARES AVE
ST. AUGUSTINE FL 32080**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Treasurer	Douglas C. Crane Jr	404 Riberia St	St. Augustine FL 32084	<input checked="" type="checkbox"/>
President	Lou Zappa	2315 Beach Blvd	Fort Beach FL 32250	<input checked="" type="checkbox"/>
Vice Pres	Shelli Schmidt	2810 Hilltop Rd	St. Augustine FL 32086	<input checked="" type="checkbox"/>
Secy. or Secretary	Sean McKenna	3070 Harbor Dr	St. Augustine FL 32084	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 617, 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: Douglas C. Crane Jr **4/30/03** **904 829-1589**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)