

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006131

1. Entity Name

THE CONFEDERATE MARITIME SOCIETY OF FLORIDA INC.

Principal Place of Business

2881 61ST AVE NO  
ST PETE FL 33714  
US

Mailing Address

2881 61ST AVE NO  
ST PETE FL 33714  
US

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

59-3244034

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

MARSHALL, JAMES EDWIN  
2881 61ST AVE NO  
ST PETE FL 33703

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PDT  
NAME MARSHALL, JAMES E.  
STREET ADDRESS 2035 BAYOU GRANDE BL  
CITY-ST-ZIP ST PETE FL 33703

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE DT  
NAME MARSHALL, LYNELL  
STREET ADDRESS 2035 BAYOU GRANDE BLVD  
CITY-ST-ZIP ST PETE FL 33703

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE DT  
NAME PRATHER, WAYNE  
STREET ADDRESS 720 88TH AVE NO  
CITY-ST-ZIP ST PETE FL 33702

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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: SUMNER REED MARSHALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01 (813) 744-5502

Daytime Phone #

FILED  
May 15, 2001 8:00 am.  
Secretary of State

05-15-2001 90100 045 \*\*\*\*61.25

MP155556



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)