

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90087 035 ****61.25

DOCUMENT # N99000006151

1. Entity Name

FLORIDA MARITIME INDUSTRIES ASSOCIATION, INC.

Principal Place of Business

215 S MONROE ST SUITE 540
TALLAHASSEE FL 32301

Mailing Address

215 S MONROE ST SUITE 540
TALLAHASSEE FL 32301

2. Principal Place of Business

106 E. College Ave.
Suite, Apt. #, etc.
Suite 640

3. Mailing Address

PO Box 10775
Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32301

Country

USA

Zip

32301

Country

USA

4. FEI Number

59-3604694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, LISA

215 S MONROE ST SUITE 540
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Ryan Sharkey

Street Address (P.O. Box Number is Not Acceptable)

106 E. College Ave.

Suite 640

City

TALLAHASSEE

FL

Zip Code

32301

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

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

Ryan Sharkey

1-16-01

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARKEY, JEFFREY B 215 SOUTH MONROE STREET., STE 540 TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OPPEL, EDWARD R 215 SOUTH MONROE STREET., STE 540 TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSNELL, BETH 108 EAST JEFFERSON STREET TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARKEY, JEFFREY B 215 SOUTH MONROE STREET., STE 540 TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARKEY, JEFFREY B 215 SOUTH MONROE STREET., STE 540 TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jeffrey Sharkey B. 106 E. College Ave. Suite 640 TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bridgette McHughlin 106 E. College Ave. Suite 640 TALLAHASSEE, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard PENSKE 106 E. College Ave. Suite 640 TALLAHASSEE, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-01

850-224-1660

CR2E037 (10/00)