

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90105 029 \*\*\*150.00

DOCUMENT # P00000002095

1. Entity Name

SNAKE CREEK MARINE SALES, INC.

Principal Place of Business

Mailing Address

314 WOODS AVENUE  
TAVERNIER FL 33070  
85920 OVERSEAS HWY.  
ISLAMORADA, FL 33036

314 WOODS AVENUE  
TAVERNIER FL 33070

2. Principal Place of Business

3. Mailing Address

85920 OVERSEAS HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ISLAMORADA, FL

Zip

33036

Country

U.S.A.

Zip

Country

4. FEI Number

65-0974490

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

JUDD, STEVEN H  
2940 SOUTH TAMiami TRAIL  
SARASOTA FL 34239

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **JUDD, STEVEN H**  
STREET ADDRESS **314 WOODS AVENUE**  
CITY-ST-ZIP **TAVERNIER FL 33070**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN HOUSTON JUDD

Date

Daytime Phone #

01-23-2001 (305)664-8009

CR2E034 (10/00)