

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90166 049 ***150.00

DOCUMENT # P00000002287

1. Entity Name
MASHES ISLAND MARINA, INC.



Principal Place of Business
695 E-1 MASHES SANDS
PANACEA, FL 32346
695 E-1, MASHES SANDS

Mailing Address
695 E-1 MASHES SANDS
PANACEA, FL 32346
P.O. Box 1390
PANACEA, FL 32346

2. Principal Place of Business
PANACEA

3. Mailing Address
P.O. Box 1390

Suite, Apt. #, etc.
PANACEA

Suite, Apt. #, etc.
PANACEA FL

City & State
FL 32346

City & State
PANACEA FL

Zip
32346

Country
WAKUWA

Zip
32346

Country
WAKUWA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3624086

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

HARRIS, CLAY
695 MASHES SANDS ROAD
PANACEA, FL 32346

Name
CLAY HARRIS

Street Address (P.O. Box Number is Not Acceptable)
695 MASHES SANDS ROAD

City
FL

Zip Code
32346

NOT MAILING ADDRESS

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 *Clay Harris* **PRESIDENT**

(NOTE: Registered Agent's signature required when retaining)

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 NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, LINDA 695 MASHES SANDS ROAD PANACEA, FL 32346	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, CLAY 695 MASHES SANDS ROAD PANACEA, FL 32346	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(1), 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: *Clay Harris* **CLAY HARRIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/07/03 **524-4853**

Date Daytime Phone

CR2E034 (10/02)

ATTACHMENT

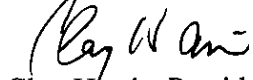
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To Whom It May Concern,

Mashes Island Marina, Inc. cannot receive mail at its physical address. Therefore all mail correspondence must be sent to our post office box 1390, Panacea, Florida, 32346. I tried to file on line however was unsuccessful. I have downloaded today the form necessary to file by mail. I have enclosed the annual fee of \$150 as Mario in your office instructed me. Please correct your records for future mailings.

Thank you very much.



Clay Harris, President
Mashes Island Marina, Inc.