

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90119 041 ***150.00

DOCUMENT # P00000010652

1. Entity Name
CHELSEA MARINE SUPPLY, INC.

Principal Place of Business
163 SEA MARSH RD.
FERNANDINA BEACH FL 32034
~~869 SADLER RD SUITE 7~~
FERNANDINA BEACH FL 32034

Mailing Address
163 SEA MARSH RD.
FERNANDINA BEACH FL 32034
869 SADLER RD SUITE 7
FERNANDINA BEACH FL 32034

2. Principal Place of Business
869 SADLER RD
 Suite, Apt. #, etc.
SUITE 7

3. Mailing Address
 Suite, Apt. #, etc.

City & State
FERNANDINA BEACH, FL

City & State

Zip
32034

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3622768

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VOLLMER, RICHARD T
163 SEA MARSH RD.
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent
 Name
JAMES C. DUBBERLY, JR.
 Street Address (P.O. Box Number is Not Acceptable)
4191 River Marsh DR.
 City
FERNANDINA BEACH, FL Zip Code
32034

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 (NOTE: Registered Agent signature required when reinstating) DATE **4-16-01**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete PD DUBBERLY, JAMES C JR. 4191 RIVER MARSH DR. FERNANDINA BEACH FL 32034 DO NOT DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VSTD VOLLMER, RICHARD T 163 SEA MARSH RD. FERNANDINA BEACH FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VSTD DAVE COX 869 SADLER RD SUITE 7 FERNANDINA BEACH FL 32034
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **4-16-01** Daytime Phone #

CR2E034 (10/00)