

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90395 028 ***150.00

DOCUMENT # **P00000010652** ✓

1. Entity Name

CHELSEA MARINE Supply, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

869 SADLER RD.

3. Mailing Address

869 SADLER RD.

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#7

DO NOT WRITE IN THIS SPACE

City & State

FERNANDINA Bch., FL.

City & State

FERNANDINA Bch., FL.

4. FEI Number

54-3622768

Applied For

Not Applicable

Zip

32034

Country

USA

Zip

32034

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

CHARLES A. TUELL

2138 N. NATURESGATE CT.

FERNANDINA BEACH FL

Zip Code

32034

**DO NOT WRITE
IN THIS SPACE**

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)

☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

V-T-S-D

DAVID COX

4950 SEAWATCH

FERNANDINA Bch., FL 32034

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT

CHARLES A. TUELL

2138 N. NATURESGATE CT.

FERNANDINA Bch., FL 32034

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

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 on an attachment with an address with all other like empowered.

SIGNATURE:

DAVID W COX

Apr 30, 2002

Date

Daytime Phone

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**