

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90071 015 ***158.75

DOCUMENT # P00000017390

1. Entity Name

DOCKSIDE CAFE AT PORT ST. JOE MARINA, INC.

Principal Place of Business

**340 W. 1ST ST.
PT. ST. JOE FL 32456**

Mailing Address

**P.O. BOX 98
PT. ST. JOE FL 32456**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Joe FL

Zip

Country

Zip

Country

32457

U.S.A.

4. FEI Number

59-3632514

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

Name

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

City

FL

Zip Code

**COSTIN, CHARLES A
413 WILLIAMS AVE
PT. ST. JOE FL 32456**

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	SINGLETON, CHARLOTTE	
STREET ADDRESS	110-D 57TH ST	
CITY-ST-ZIP	MEXICO BEACH FL 32940	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SINGLETON, GLEN	
STREET ADDRESS	110-D 57TH ST	
CITY-ST-ZIP	MEXICO BEACH FL 32940	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SINGLETON, CHARLENE	
STREET ADDRESS	110-D 37TH ST	
CITY-ST-ZIP	MEXICO BEACH FL 32410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	110-D 37th St.
CITY-ST-ZIP	32410
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	110-D 37th St
CITY-ST-ZIP	32410
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Glen Singleton **4-1-02** **(850) 229-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (9/01)