


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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90108 039 ***150.00

DOCUMENT # P00000029928 ✓

1. Entity Name
First Light marina of Florida Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17953 San Carlos Blvd

3. Mailing Address
17953 San Carlos Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Myers Beach FL

City & State
Fort Myers Beach, FL

4. FEI Number
65-1006259

Applied For
Not Applicable

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

Zip 33931 Country Lee

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Steven Dominic

Street Address (P.O. Box Number is Not Acceptable)
17953 San Carlos Blvd.

City Fort Myers Beach FL Zip Code 33931

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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

4/10/03

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Steven Dominic 17953 San Carlos Blvd. Ft. Myers Beach, Florida 33931	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

Daytime Phone #

CR2E034B (12/02)