

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90651 029 \*\*\*150.00

0690287 AT

**DOCUMENT # P00000065643**

**1. Entity Name**  
**HORSESHOE BEACH MARINE INC.**

**Principal Place of Business**      **Mailing Address**  
**P.O. BOX 368**      **P.O. BOX 368**  
**HORSESHOE BEACH FL 32648**      **HORSESHOE BEACH FL 32648**

00000016



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**      **59-3653884**

Applied For  
 Not Applicable

Zip      Country      Zip      Country

**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**

**SPRADLEY, TASHA L**  
**CORNER OF 1ST. & 2ND AVE.**  
**HORSESHOE BEACH FL 32648**

Name

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

City

**FL**      Zip Code

**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** \_\_\_\_\_

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**      **P**      ☐ Delete  
**NAME**      **SPRADLEY, TASHA L**  
**STREET ADDRESS**      **CRN OF 1ST ST & 2ND AVE E**  
**CITY-ST-ZIP**      **HORSESHOE BEACH FL 32648**

**TITLE**      ☐ Change      ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**      **VP**      ☐ Delete  
**NAME**      **SPRADLEY, TASHA L**  
**STREET ADDRESS**      **CRN OF 1ST ST & 2ND AVE E**  
**CITY-ST-ZIP**      **HORSESHOE BEACH FL 32648**

**TITLE**      ☐ Change      ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**      **S**      ☐ Delete  
**NAME**      **SPRADLEY, TASHA L**  
**STREET ADDRESS**      **CRN OF 1ST ST & 2ND AVE E**  
**CITY-ST-ZIP**      **HORSESHOE BEACH FL 32648**

**TITLE**      ☐ Change      ☐ Addition  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**      ☐ Delete  
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**CITY-ST-ZIP**

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**TITLE**      ☐ Change      ☐ 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:**

*Tasha L. Spradley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-2-02**      **352-498-5687**  
 Date      Daytime Phone #

CR2E034 (9/01)