

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082251

1. Entity Name

WAYGOOD MARINE ENTERPRISES, INC.

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

05-10-2001 90142 021 ***150.00

UUU4800U



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4215 CALOOSA DR
PALMETTO FL 34221

Mailing Address

4215 CALOOSA DR
PALMETTO FL 34221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1036129

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

GORMAN, PATRICK J ESQ
1800 2ND ST, STE 803
SARASOTA FL 34236

Name

Waygood, Carolyn R.

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

4215 Caloosa Drive

City

Palmetto

FL

Zip Code
34221

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 date 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WAYGOOD, CAROLYN R	
STREET ADDRESS	4215 CALOOSA DR	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIERAK, ROBERT J	
STREET ADDRESS	4215 CALOOSA DR	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORMAN, PATRICK J	
STREET ADDRESS	1800 2ND ST, STE 803	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Carolyn R. Waygood

Carolyn R. Waygood

4/24/01

(941) 729-9751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)