

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91079 035 \*\*\*150.00

**DOCUMENT # P00000090806**

1. Entity Name

**DOCKSIGHT DEPOT, INC.**

Principal Place of Business

**PO BOX 368  
CEDAR KEY FL 32625**

Mailing Address

**PO BOX 368  
CEDAR KEY FL 32625**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

8500000000

☒ Applied For☐ Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**REESE, RACHEL A  
409 FIRST STREET  
CEDAR KEY FL 32625**

7. Name and Address of New Registered Agent

Name

**Brenda Stanfield**

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

**614 6th St.**

City

**Cedar Key**

FL

Zip Code

**32625**

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

**Rachel A Reese****RACHEL A REESE****3/30/01**

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, 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REESE, RACHEL A</b>	
STREET ADDRESS	<b>PO BOX 368</b>	
CITY-ST-ZIP	<b>CEDAR KEY FL 32625</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REESE, PAUL E</b>	
STREET ADDRESS	<b>PO BOX 368</b>	
CITY-ST-ZIP	<b>CEDAR KEY FL 32625</b>	
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	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Barbara McJordan</b>	
STREET ADDRESS	<b>13550 Airport Rd</b>	
CITY-ST-ZIP	<b>Cedar Key, FL 32625</b>	
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Walton McJordan</b>	
STREET ADDRESS	<b>13550 Airport Rd</b>	
CITY-ST-ZIP	<b>Cedar Key, FL 32625</b>	
TITLE	<b>Sect</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Brenda Stanfield</b>	
STREET ADDRESS	<b>P.O. Box 688</b>	
CITY-ST-ZIP	<b>Cedar Key, FL 32625</b>	
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:

**Rachel A Reese****RACHEL A. REESE****3/30/01****(352)****543-8032**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)