

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099028

1. Entity Name
MARINA JOE'S, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90003 011 ***158.75

Principal Place of Business 2440 COUNTY RD 830 FELDA FL 33930	Mailing Address 2440 COUNTY RD 830 FELDA FL 33930
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 807 Suite, Apt. #, etc.
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City & State FELDA, FL	City & State FELDA, FL
Zip 33930	Country HENDRY



DO NOT WRITE IN THIS SPACE

4. FEI Number DNA	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, RONALD E 2440 COUNTY RD 830 FELDA FL 33930	7. Name and Address of New Registered Agent 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 Ronald E. Lewis RONALD E. LEWIS 4/2/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, RONALD E 2440 COUNTY RD 830 FELDA FL 33930 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ronald E. Lewis RONALD E. LEWIS 4/2/01 863-674-0191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)