

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114804

1. Entity Name

FREEMAN'S INTRACOASTAL MARINE, INC.

Principal Place of Business

200 US HWY. 17 SOUTH
YULEE FL 32097

Mailing Address

200 US HWY. 17 SOUTH
YULEE FL 32097

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3702449

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANKS, COLLEEN
3816 EMERSON ST.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name: DOROTHY H. FREEMAN
Street Address (P.O. Box Number is Not Acceptable): 1725 BROOME ST
City: FERNANDINA BEACH FL Zip Code: 32034

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/02
DATE

9. This corporation is eligible to satisfy 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

TITLE: OWNER
NAME: FREEMAN, WALTER R
STREET ADDRESS: 1725 BROOME ST.
CITY-ST-ZIP: FERNANDINA BCH FL 32034 ☐ Delete

TITLE: OWNER
NAME: FREEMAN, BROWARD
STREET ADDRESS: 1898 RADIO AVE
CITY-ST-ZIP: YULEE, FL 32097 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP: ☐ Change ☐ Addition

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

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:

Walter R. Freeman WALTER R FREEMAN

Date

02/22/02 (904) 364-4009
Daytime Phone



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)