

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90138 047 \*\*\*150.00

0155742 FP

**DOCUMENT # P00000115909**

1. Entity Name  
**FLORIDA NAUTICAL CONCEPTS, INC.**



Principal Place of Business  
**4820 E IRLON BRONSON HWY  
ST. CLOUD FL 34771**

Mailing Address  
**4820 E IRLON BRONSON HWY  
ST. CLOUD FL 34771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3701842**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOWDEN, TOM  
4820 E IRLON BRONSON HWY  
ST. CLOUD FL 34771**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **PD SCOWDEN, TOM** ☐ Delete  
STREET ADDRESS **2151 HICKORYWOOD CT.**  
CITY-ST-ZIP **SAINT CLOUD FL 34772**

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

TITLE  
NAME **TSVD SCOWDEN, JEFF** ☐ Delete  
STREET ADDRESS **3898 CREEK BED CIR.**  
CITY-ST-ZIP **SAINT CLOUD FL 34769**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

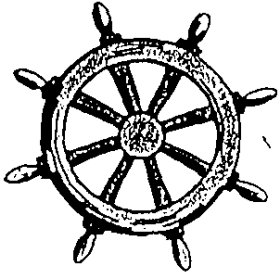
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Tom Scowden* **7-16-03** **407-957-4010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

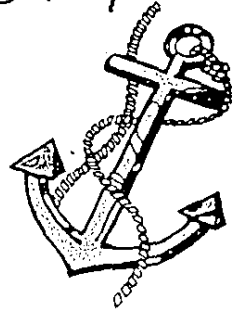
Attachment

10110329  
#P00000115909



# G & G Marine

4820 East Irlo Bronson Hwy., St. Cloud, FL 34771  
407 957 4010 Phone • 407 957 1044 Fax  
WWW.GGMARINEONLINE.COM



Sir:

To The best of my Knowledge This  
Corporation did not receive the 2003  
Corp. Uniform Business Report. I'm enclosing  
OK for \$150.<sup>00</sup> We are a very new  
business & I do my best To Keep all of  
These fillings done & on Time. Help me if  
you can if not let me know what I  
need To do.

Thanks

Tom Scuderi, Pres.