

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90043 010 \*\*\*150.00

**DOCUMENT # P01000053686**

1. Entity Name

**GARLAND MARINE SERVICES, INC.**

Principal Place of Business

**2083 RIVER REACH DR UNIT 455  
 NAPLES FL 34104**

Mailing Address

**2083 RIVER REACH DR UNIT 455  
 NAPLES FL 34104**

2. Principal Place of Business

**263 Candy Cane Ln**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Naples FL**

City & State

Zip

Country

**34112 USA**

4. FEI Number

**65-1109091**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KAZITORIS, BASIL P**

**2272 AIRPORT ROAD SO., SUITE 203  
 NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name **SONJA G. GARLAND**

Street Address (P.O. Box Number is Not Acceptable)  
**263 Candy Cane Ln #5**

City **Naples**

**FL**

Zip Code **34112**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE **SONJA G. GARLAND**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-25-02**

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, 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 **P&E** ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition

NAME **TERRY R. GARLAND**

STREET ADDRESS **263 Candy Cane Ln #5**

CITY-ST-ZIP **Naples FL 34112**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-25-02**

Date

**239-430-1352**

Daytime Phone #

CR2E034 (9/01)