

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90026 042 ***150.00

0154592 FP

DOCUMENT # P02000066918

1. Entity Name
ASTOR BRIDGE MARINA, INC.



Principal Place of Business
**1575 W. HWY. 40
ASTOR FL 32102**

Mailing Address
**1575 W. HWY. 40
ASTOR FL 32102**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3694725

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**POTTS, DALE
1575 W. HWY. 40
ASTOR FL 32102**

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

SIGNATURE

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

(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

TITLE **D** ☐ Delete
NAME **DUNN, ELIZABETH**
STREET ADDRESS **2419 SYCAMORE ST.**
CITY-ST-ZIP **ST. JOHNS FL 33956**

TITLE **D** ☐ Delete
NAME **POTTS, DALE**
STREET ADDRESS **2419 SYCAMORE ST.**
CITY-ST-ZIP **ST. JOHNS FL 33956**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale W. Potts 7/11/03

Daytime Phone #

CR2E034 (4/03)

Attachment

90143657

**ASTOR BRIDGE MARINA, INC.
1575 W. HWY. 40
ASTOR, FL 32102**

July 10, 2003

Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: R02000066918

It has come to my attention that I never received the UBR for my corporation for 2003. I have attached a form that recently arrived in the mail along with a check for \$150.00. I request that the corporation "ASTOR BRIDGE MARINA, INC." be kept active for 2003. I ask that you waive the related late filing fees for the UBR for the year 2003.

If this is a suitable solution, please accept my check as payment to bring my corporation back into active status with the State of Florida.

Thank you for your time and consideration in this pressing matter.

Sincerely,



Dale Potts
President

DP/jas

Enc. Check
2003 UBR