

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/17/2003 90660-028 \$150.00 \$150.00

DIVISION OF CORPORATION

03 OCT 13 PM 2:36

DOCUMENT # P02000070263

1. Entity Name

CUSTOM MARINE CANVASS OF ST AUGUSTINE FL. INC.



Principal Place of Business

203 W KING ST  
ST AUGUSTINE FL 32084

Mailing Address

P.O. BOX 4138  
ST AUGUSTINE FL 32085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number

32-0021768

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURN, NANCY

365 VENETIAN BLVD

ST AUGUSTINE FL 32095-8241

7. Name and Address of New Registered Agent

Name

Cindy A Kern

Street Address (P.O. Box Number is Not Acceptable)

203 W King St.

St. Augustine

City

St. Augustine

FL

Zip Code

32084

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 of

Registered Agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/03

DATE

FILE NOW: FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	Cindy A Kern	<input type="checkbox"/> Delete
NAME	President	
STREET ADDRESS	345 Dixie Hwy	
CITY-ST-ZIP	St. Augustine FL 32084	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)