

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90192 030 ***150.00

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FP

DOCUMENT # P02000082375

1. Entity Name
IMMEL'S MARINE, INC.



Principal Place of Business
**1006 SOPREY DRIVE
MELBOURNE FL 32950**

Mailing Address
**1006 SOPREY DRIVE
MELBOURNE FL 32950**

2. Principal Place of Business

P.O. Box 308158

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 308158

Suite, Apt. #, etc.

City & State

St. Thomas, VI

Zip

00803

Country

USA

City & State

St. Thomas, VI

Zip

00803

Country

USA

4. FEI Number

☒ 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

**BEALS, ROBERT L
1006 SOPREY DRIVE
MELBOURNE FL 32950**

Name

Street Address (P.O. Box Number is Not Acceptable)
7990 Daventry Drive

City
Melbourne

FL

Zip Code
32940

7. Name and Address of New Registered Agent

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

2/19/03

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VAUGHN, MARK E
3541 N. MARKET STREET
SHREVEPORT LA 71107**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Mark E. Vaughn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-03

Date

340-774-3541

Daytime Phone #

CR2E034 (10/02)