

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000137108

1. Entity Name

GULF BREEZE MARINE BOAT SALES INC.



Principal Place of Business

2881 GULF BREEZE PKWY
GULF BREEZE, FL 32563

Mailing Address

2881 GULF BREEZE PKWY
GULF BREEZE, FL 32563

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112007

REIN-P

CR2E098 (1/07)

4. FEI Number

06-1792276

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBSON, JOSEPH R SR.
2881 GULF BREEZE PKWY
GULF BREEZE, FL 32563

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

Joseph R Robson Sr JOSEPH R ROBSON SR

21 Oct 07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ROBSON, JOSEPH R SR.
STREET ADDRESS 3009 CORALSTRIP PARKWAY
CITY-ST-ZIP GULF BREEZE, FL 32563 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 08-16-07 90013 041 \$ \$150.00 ☐ Change ☐ Addition

TITLE VPD
NAME INGHAM, CHRIS M SR.
STREET ADDRESS 3243 AUBURN PKWY
CITY-ST-ZIP GULF BREEZE, FL 32561 ☐ Delete

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

TITLE STD
NAME INGHAM, FLORA
STREET ADDRESS 3243 AUBURN PKWY
CITY-ST-ZIP GULF BREEZE, FL 32561 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP M 10/29 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Joseph R Robson Sr JOSEPH R ROBSON SR 21 Oct 07 8502944449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #