

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-17-2003 90024 037 ***150.00

DOCUMENT # P11234

1. Entity Name
MARSHWINDS ADVISORY COMPANY



Principal Place of Business
MARSHWINDS ADVISORY COMPANY
312 PLANTATION CHASE
ST SIMONS ISLAND GA 31522
US

Mailing Address
MARSHWINDS ADVISORY CO
P O BOX 21099
ST SIMONS ISLAND GA 31522
US



2. Principal Place of Business
300 MAIN ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 401

City & State
St. Simons Island GA

City & State

Zip
31522

Country
USA

Zip

Country

4. FEI Number, **58-1525123**

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

MOOREFIELD, ROBERT P.
RT. 3 BOX 584
TALLAHASSEE FL 32308

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
KELLY, JUDY A. ☐ Delete
300 MAIN ST., STE 400
ST SIMONS ISL GA

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLY, JUDY A. ☐ Delete
300 MAIN ST., STE 400
ST SIMONS ISL GA

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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KELLY, EUGENE A ☐ Delete
300 MAIN ST., STE. 400
ST SIMONS ISL GA

TITLE
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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

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 912 638 5726
Date Daytime Phone #

CR2E034 (10/02)