

**AMENDED**

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


08-28-2003 90070 032 \*\*\*\*61.25

FILED P93000022204

03 SEP -5 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022204  
1. Entity Name  
Gasparilla Marine Service, Inc. *8/29/03*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2909 Frierson Street  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Fort Myers, FL 33916

City & State

4. FEI Number  
65-0397895

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip 33916 Country USA

Zip Country

**DO NOT WRITE IN THIS SPACE**

Name and Address of Current Registered Agent

Name  
Robert D. Royston, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
12670 New Brittany Blvd.  
Suite 101

City  
Fort Myers FL Zip Code 33907

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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,P,S,T Robert L. Pocklington P.O. Box 945 Placida, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with or without like empowerment.

SIGNATURE: *Robert L. Pocklington* *8/25/03*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)