

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
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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: *[Signature]* 8/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)