

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90013 017 ***150.00

DOCUMENT # P94000012521

1. Entity Name

SAMAR, INC.

Principal Place of Business

**3114 THOMAS DRIVE
 PANAMA CITY BEACH FL 32408**

Mailing Address

**3114 THOMAS DRIVE
 PANAMA CITY BEACH FL 32408**

2. Principal Place of Business

3114 THOMAS DR
 Suite, Apt. #, etc.

3. Mailing Address

3114 THOMAS DRIVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY FL

City & State

PANAMA CITY FL

4. FEI Number

59-3224937

Applied For

Not Applicable

Zip
32408

Country

BAH

Zip

32408

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NEWTON, MARTHA L
 3114 THOMAS DRIVE
 PANAMA CITY BEACH FL 32408**

7. Name and Address of New Registered Agent

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.

SIGNATURE Samuel T. Newton
 Signature, typed or printed name of registered agent and title if applicable.

NO CHANGES
Samuel T. Newton

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NEWTON, MARTHA	
STREET ADDRESS	3114 THOMAS DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWTON, SAMUEL T	
STREET ADDRESS	3114 THOMAS DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel T. Newton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2002 VA Sec
 Date Daytime Phone #

CR2E034 (9/01)