

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90008 034 ***550.00

012448 AT

DOCUMENT # P96000033902

1. Entity Name
M/V AMANDA LYNN, INC.

Principal Place of Business

Mailing Address

~~2200 MAIN ST.~~

P.O. BOX 931

~~FORT MYERS FL 33901~~

ESTERO FL 33928

23278 Marsh Landing BLVD
ESTERO FL 33928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0660200**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required:

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACOBSEN, SIDNEY

~~2200 MAIN ST.~~

~~FL MYERS BEACH FL 33931~~

23278 Marsh Landing BLVD
ESTERO FL 33928

7. Name and Address of New Registered Agent

Name **SIDNEY JACOBSEN**

Street Address (P.O. Box Number is Not Acceptable)

23278 MARSH LANDING BLVD

City **ESTERO**

FL

Zip Code **33928**

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

Sidney Jacobsen **SIDNEY JACOBSEN**

8/15/01

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

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
NAME **JACOBSEN, SIDNEY**
STREET ADDRESS ~~2200 MAIN ST.~~
CITY-ST-ZIP ~~FORT MYERS FL 33931~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **23278 Marsh Landing BLVD**
CITY-ST-ZIP **ESTERO FL 33928**

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

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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

Sidney Jacobsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-01 941 463-6166

Date

Daytime Phone #

CR2E034 (5/01)