

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90077 005 \*\*\*150.00

**DOCUMENT # P96000093059**

1. Entity Name  
**THE SHIPWRIGHT SHOP, INC.**

Principal Place of Business

**1145 MAIN STREET  
 FT MYERS BEACH FL 33931**

Mailing Address

**PO BOX 2745  
 FT MYERS BEACH FL 33932  
 US**

2. Principal Place of Business

**208 4th Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fort Myers, FL**

City & State

4. FEI Number **65-0709073**

Applied For

Not Applicable

Zip

Country

**33912 USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BICKEL, DAVID T  
 1145 MAIN STREET  
 FT MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent

Name **Bickel, David T.**  
 Street Address (P.O. Box Number is Not Acceptable) **208 - 4th Street Unit B**  
 City **Fort Myers** FL **33912**

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

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 \$150.00  
 After MAY 1, 2001 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** ☐ Delete  
 NAME **BICKEL, DAVID T**  
 STREET ADDRESS **1145 MAIN STREET**  
 CITY-ST-ZIP **FT MYERS BEACH FL 33931**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-01

Date

(941) 267-7526

Daytime Phone #

CR2E034 (10/00)