

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90335 042 ***158.75

DOCUMENT # **P96000100956** ✓
1. Entity Name
MARLO ISLAND SEA EXCURSIONS, INC.

DO NOT WRITE IN THIS SPACE

B0101809

2. Principal Place of Business
705 E. ELKCAM CIR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 500
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MARLO ISLAND, FL
Zip
34145 Country
USA

City & State
MARLO ISLAND, FL
Zip
34146 Country
USA

4. FEI Number
59 3415838
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
EMIL G. BEAUDRY

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

705 E. ELKCAM CIRCLE

City
MARLO ISLAND FL Zip Code
34145

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 **EM Beaudry**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/2002

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

DPVST
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EMIL G BEAUDRY
PO BOX 500
MARLO ISLAND, FL 34146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other info empowered

SIGNATURE: **EM Beaudry**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002
Date

941-642-6400
Daytime Phone #

CR2E034B (12/01)