

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012277

1. Entity Name
MID-ISLAND BEACH MARINA, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90064 022 ***158.75

0391403

Principal Place of Business
4765 ESTERO BLVD
FORT MYERS BEACH FL 33931

Mailing Address
5838 PINE TREE DR.
SANIBEL FL 33957

531279



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4765 Estero Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Myers Beach, FL

Zip

Country

Zip

Country

33931

Lee

4. FEI Number ~~05-0700018~~

65-1058851

Applied For

Not Applicable

5. Certificate of Status Desired ☒ A

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SICKELS, STEPHEN H
4765 ESTERO BLVD
FORT MYERS BEACH FL 33931

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 _____
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
SICKELS, STEPHEN H
4765 ESTERO BLVD
FORT MYERS BEACH FL 33931 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
SICKELS, DEBORAH R
4765 ESTERO BLVD
FORT MYERS BEACH FL 33931 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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: Deborah R. Sickels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01
Date

765-4371
Daytime Phone #

CR2E034 (10/00)