

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90064 022 ***158.75

0391403

DOCUMENT # P97000012277

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

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

Mailing Address
**5836 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

4. FEI Number ~~05-0700018~~

Applied For

Not Applicable

65-1058851

Zip

Country

Zip

Country

33931

Lee

5. Certificate of Status Desired

\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VPS
SICKELS, DEBORAH R
4765 ESTERO BLVD
FORT MYERS BEACH FL 33931

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

TITLE 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)