

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91161 014 ***150.00

DOCUMENT # P97000040797

1. Entity Name

FACTORY BAY MARINA LAND COMPANY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
365 5th Ave. So.

Suite, Apt. #, etc.
Suite 201

City & State
Naples, FL

Zip
34102

Country
U.S.

3. Mailing Address c/o David Nassif Co.
195 Worcester St.

Suite, Apt. #, etc.
STE 301

City & State
Wellesley, MA

Zip
02481

Country
U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0760781

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Antaramian, Jack J.

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

365 5th Ave. So. STE 201

City
Naples

FL

Zip Code
34102

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTSD
Antaramian, Jack J.
365 5th Ave. So. STE 201
Naples, FL 34102

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
Nassif, David E.
195 Worcester St., STE 301
Wellesley, MA 02481

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 781-431-1030

(Date)

(Daytime Phone #)

CR2E034B (12/01)