

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056201

1. Entity Name

CORRIGAN'S AUTO & MARINE, INC.

Principal Place of Business

3315 C 1 TAMiami TRAIL  
PUNTA GORDA FL 33950

Mailing Address

3315 C 1 TAMiami TRAIL  
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0768431

Applied For

Not Applicable

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

DEROUEN, SHELLY A  
1953 COLONIAL BLVD  
#232  
FT. MYERS FL 33907

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
PTD  
CORRIGAN, ROBERT J  
3315 C 1 TAMiami TRAIL  
PUNTA GORDA FL 33950 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90112 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0144850 SP

CR2E034 (5/01)

08/08/01 WED 10:56 FAX 941 225 0929

Multi-Pass

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*attachment*  
*#P97000056201*  
*8/8/01*

FLORIDA DEPARTMENT OF STATE  
UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500

RE: CORRIGAN'S AUTO & MARINE, INC.  
DOCUMENT NUMBER: P97000056201

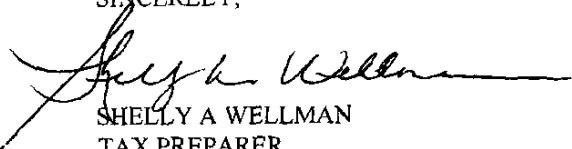
TO WHOM IT MAY CONCERN;

PLEASE FIND ENCLOSED A CHECK FOR \$150.00. THE ABOVE-REFERENCED CLIENT --  
RECEIVED NOTICE THAT HE WAS LATE FILING HIS UBR FOR YEAR 2001. PLEASE BE  
ADVISED THAT THE CLIENT DID NOT RECEIVE THE INITIAL UBR REPORT.

THIS ENTITY HAS BEEN INCORPORATED SINCE 1997 AND HAS FILED ON TIME EACH YEAR.  
UNFORTUNATELY, THERE IS NO REASONABLE EXPLANATION FOR WHY HE DID NOT  
RECEIVE THE REPORT AS HIS ADDRESS HAS REMAINED THE SAME.

WE ASK THAT YOU KINDLY ACCEPT HIS PAYMENT IN GOOD FAITH AS A RESULT OF HIS  
TIMELYNES IN THE PAST.

SINCERELY,

  
SHELLY A. WELLMAN  
TAX PREPARER