2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085578							Secretary of State			
SNUG H	ARBOUR	BOAT YARD OF PA	ANAMA CITY, INC.				02-21-2002 90165 0	42 ***1:	50.00	
Principal Place of Business Mailing Address					· · · · · · · · · · · · · · · · · · ·					
1600 E BUSINESS 98 PANAMA CITY FL 32401			1800 E BUSINESS 98 PANAMA CITY FL 32401				4 NORMOSI HAR (BIIK 100) I ORMI 60) HA ORMI 20)	DE RUCKA TÎLIDÎ	Öldő (1865): 386 (1886)	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State Zip Country			City & State		4. F	El Number 59-3471347		Applied For Not Applicable		
Zip		Country	Zip	Country		5. C	Certificate of Status Desired	\$8.75 Fee Req	Additional uired	
, , ,	egistered Agent		Name	7. N	lame and Address of New Registered	Agent				
•	V. GERALD					ress (P.O. B	ox Number is Not Acceptable)			
1007 JENKS AVENUE PANAMA CITY FL 32401										
			City		City		F	Zip (Code	
8. The above	named entity	y submits this statement for t	the purpose of changing its re	egistered (office or re	egistered age	ent, or both, in the State of Florida.	<u>- 1</u>		
SIGNATURE _	Signature, typed	or printed name of registered agent and	d title if applicable. (NOTE:	Registered Ag	gent signature	required when rei	instating) DATE			
9. This corpo		ible to satisfy its Intangible	FILE NOW!!!		·-					
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St				 Election Campaign Financing Trust Fund Contribution. 		5.00 May Be ided to Fees	
11.		OFFICERS AND D	RECTORS	12.		ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete HAWKINS, CHARLES E 1800 E BUSINESS HWY 98 PANAMA CITY FL 32401		TITLE NAME STREET A CITY-ST-	l l			☐ Chan	ge 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANAMA	OII) FL 32401	☐ Delete	TITLE NAME STREET A CITY-\$T-	J			☐ Chan	ige Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-				☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. ,	☐ Delete	TITLE NAME STREET A CITY-ST-				☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		□ Delete	TITLE NAME STREET A CITY-ST-	J	,**		☐ Chan	ge 🔲 Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET A	ODRESS			☐ Chan	ge Addition	

13. I hereby certify that the information supplied with this filling 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 of powered.

SIGNATURE: