

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0122887 AT

DOCUMENT # P97000086672

1. Entity Name
SCPIO CREEK MARINA, INC.



FILED

03 OCT -9 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
301 MARKET STREET
APALACHICOLA FL 32320
US

Mailing Address
PO BOX 398
APALACHICOLA FL 32329
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

CHECK HERE IF MAKING CHANGES 03

4. FEI Number 59-3473993

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

CREAMER, CHARLES W
VANFLEET ST.
GREATER APALACHICOLA
APALACHICOLA FL

Name

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

300023670243
10/09/03--01068--002 **750.00
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREAMER, CHARLES W VANFLEET ST., GREATER APALACHICOLA APALACHICOLA FL 32329 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREAMER, THELMA A VANFLEET ST., GREATER APALACHICOLA APALACHICOLA FL 32329 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles W. Creamer*
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-08-03 (850) 653-8030

Date Daytime Phone #

CR2E034 (4/03)