

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030520

1. Entity Name

SEMINOLE WIND FISHING, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90028 042 ***150.00

Principal Place of Business

3004 WEST HIGHWAY 98
PANAMA CITY FL 32401

Mailing Address

587 PLANTATION DR
PORT SAINT JOE FL 32456

2. Principal Place of Business

7104 Big Daddy Dr.
Lot H4

3. Mailing Address

PO Box 18728

City & State

Panama City Beach FL

City & State

Panama City Beach FL

Zip

32407

Country

Zip

32417

Country

X



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3512773

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NABORS, SCOTT R
456 HARRISON AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

Albert J. Stopka, III

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

108 Mosley Drive

City

Lynn Haven

FL

Zip Code

32444

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.

Albert J. Stopka, III,

4/16/01

Registered Agent

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	NEWTON, ROGER R	
STREET ADDRESS	587 PLANTATION DR	
CITY-ST-ZIP	PORT ST JOE FL 32456	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	KNOWLES, FREDDIE	
STREET ADDRESS	7420 C.R. 381	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KNOWLES, JOHN J	
STREET ADDRESS	102 MICHEL E CT.	
CITY-ST-ZIP	PANAMA CITY FL 32407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin E. Arnold	
STREET ADDRESS	7104 Big Daddy DR, Lot H4	
CITY-ST-ZIP	Panama City Beach, FL 32417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Martin E. Arnold*

Martin E. Arnold

Martin E. Arnold 4/16/01

President

Date

866-2781

Daytime Phone #

CR2E034 (10/00)