

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90065 020 ***150.00

DOCUMENT # P98000056825

1. Entity Name
ISLE OF PALMS MARINE SERVICE, INC.

Principal Place of Business

14603 BEACH BLVD
JACKSONVILLE FL 32250

Mailing Address

14603 BEACH BLVD
JACKSONVILLE FL 32250

2. Principal Place of Business

2621 CANYON FALLS DR
Suite, Apt. #, etc.

JACKSONVILLE
FL

3. Mailing Address

2621 CANYON FALLS DR
Suite, Apt. #, etc.

JACKSONVILLE FL

City & State

FL

City & State

JACKSONVILLE FL

Zip

32224

Country

DUAL

Zip

32224

Country

DUAL

4. FEI Number 59-3519179

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNN, DAVID T
14603 BEACH BLVD
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

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

David Lynn

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-02

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, 2002 Fee will be \$550.00
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

TITLE **P** **LYNN, DAVID** ☐ Delete
NAME
STREET ADDRESS **2621 CANYON FALL**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **VP** **LYNN, AMY** ☐ Delete
NAME
STREET ADDRESS **2621 CANYON FALL**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

David Lynn

Date

Daytime Phone #

1-9-02

904-391 0666

CR2E034 (9/01)