

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90074 021 ***150.00

DOCUMENT # P98000056825

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



Principal Place of Business
**2621 CANYON FALL DR
JACKSONVILLE FL 32224**

Mailing Address
**2621 CANYON FALL DR
JACKSONVILLE FL 32224**

2. Principal Place of Business
2612920 QUINCY RAY
Suite, Apt. #, etc.

3. Mailing Address
SAMC
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE FL
Zip
32224
Country
DUAL

City & State
FL
Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-3-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. 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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03

Date

904-2910666

Daytime Phone #

CR2E034 (10/02)