

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91524 030 ***150.00

DOCUMENT # P98000062349

1. Entity Name **SNOOK BAY Harbor, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
278 Capri Blvd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2085
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, FL

City & State
Marco Island, FL

4. FEI Number
05-0872504

Applied For
Not Applicable

Zip
34113

Country
USA

Zip
34146

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Thomas L. Cannon

Street Address (P.O. Box Number is Not Acceptable)
5089 E. Tamiami Tr.

City
Naples **FL** Zip Code
34113

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.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/19/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
Edward J. Huegel Director
278 Capri Blvd
Naples, FL 34113

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Peggy Huegel
278 Capri Blvd
Naples, FL 34113

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941 389-0354
941 825 7860
Date **4/19/02** Daytime Phone #