

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90048 008 ***158.75

DOCUMENT # P98000070590

1. Entity Name
FLORIDA'S BOAT DOCKS & SEAWALLS INC.

Principal Place of Business

**1201 E SEMINOLE BLVD
 SANFORD FL 32771**

Mailing Address

**1201 E SEMINOLE BLVD
 SANFORD FL 32771**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1201 E. Seminole Blvd
 Suite, Apt. #, etc.

3. Mailing Address

1201 E. Seminole Blvd.
 Suite, Apt. #, etc.

City & State

SANFORD FL.

City & State

SANFORD FL.

4. FEI Number

59-3517478

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

32771

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WHITE, MICHAEL R

**1201 E SEMINOLE BLVD., UNIT #105
 SANFORD FL 32771**

7. Name and Address of Registered Agent

Name **White, Michael R.**

Street Address (P.O. Box Number is Not Acceptable)
1201 E. Seminole Blvd.

City **SANFORD** **FL** Zip Code **32771**

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

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** ☐ Delete
 NAME **WHITE, MICHAEL R**
 STREET ADDRESS **1201 E SEMINOLE BLVD**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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
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 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:

Michael R. White - MICHAEL R. White **4-17-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

321-338-6444

CR2E034 (9/01)