

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90160 032 \*\*\*150.00

**DOCUMENT # P98000074559**



**1. Entity Name**  
**AMELIA ISLE SALTWATER CO.**

**Principal Place of Business**  
710 AMELIA CIR.  
FERNANDINA FL 32034-2446

**Mailing Address**  
710 AMELIA CIR.  
FERNANDINA FL 32034-2446



**2. Principal Place of Business**  
*1939 South 8<sup>th</sup> St.*  
Suite, Apt. #, etc.  
*Ste #2*

**3. Mailing Address**  
*1939 South 8<sup>th</sup> Street*  
Suite, Apt. #, etc.  
*Ste #2*

CHECK HERE IF MAKING CHANGES

**City & State**  
*FERNANDINA BEACH, FL*  
**Zip**  
*32034*  
**Country**  
*USA*

**City & State**  
*FERNANDINA BEACH, FL*  
**Zip**  
*32034*  
**Country**  
*USA*

**4. FEI Number**  
**59-3529259**

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JORDAN, JAMES H**  
710 AMELIA CIR.  
FERNANDINA FL 32034-2446

**7. Name and Address of New Registered Agent**

**Name** *BARBE JORDAN*  
**Street Address (P.O. Box Number is Not Acceptable)**  
*710 AMELIA CIRCLE*  
**City** *FERNANDINA BEACH FL* **Zip Code** *32034-2446*

**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** *Barbe Jordan*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2-26-03*  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	JORDAN, JAMES H	710 AMELIA CIRCLE	FERNANDINA FL 32034-2446	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	BARBE JORDAN			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:** *Barbe Jordan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-26-03*  
Date

Daytime Phone #

CR2E034 (10/02)