

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/26/02

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

06-21-2000 90002 019 \*\*\*150.00

DOCUMENT # **P98000091386**

1. Entity Name

**FINELINE MARINE INC**

**R R**

Principal Place of Business

Mailing Address

**4795 STATE Rd 60W  
 MULBERRY FL 33860**

**SAME**

2. Principal Place of Business

**1795 S.R. 60 W  
 Suite, Apt. #, etc.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MULBERRY FL**

City & State

Zip

**33860**

Country

**POLK**

Zip

Country

4. FE Number

**59-3544969**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOYE FUTCH  
 5740 SAWYER RD  
 LAKELAND FL 33860**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 11 2000 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	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>LOYE FUTCH</b>	
STREET ADDRESS	<b>5740 SAWYER RD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33860</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MICHAEL HORNSBY</b>	
STREET ADDRESS	<b>2419 SUMMITVIEW DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>SEC TREAS</b>	<input type="checkbox"/> Delete
NAME	<b>CHRISTY WESSEL</b>	
STREET ADDRESS	<b>5740 SAWYER RD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33810</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **LOYE J. FUTCH**

**6-5-00**

**863-425-8574**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (8/99)

**FINELINE  
MARINE**

Doc # P98000091386

308831

4795 SR 60 W. Mulberry, FL 33860  
Ph: 863.425.8574 Fax: 863.425.2290

June 6, 2000

Re: Uniform Business Report

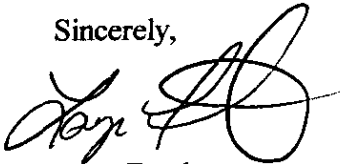
To whom it may concern:

~~After turning first quarters paper work into my accountant, he called and asked about~~  
this report. I told him that I had not received any paper work on it and he suggested  
that I call you.

I did this and am returning the enclosed form with a check for the amount of the filing  
fee. As this is my first year filing this report, was unaware of the need to file it, and did  
not receive any notification of it, please review the late fee & I hope I will not be charged  
this fee. I will not let this happen again as it is already marked in next years calendar.

Please advise. Thank you.

Sincerely,



Loye Futch  
President