

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0004935
AV

DOCUMENT # P98000101461

1. Entity Name
BUDDY'S MARINA, INC.



FILED

03 SEP 25 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

03

Principal Place of Business
14539 BEACH BLVD.
JACKSONVILLE FL 32250

Mailing Address
14539 BEACH BLVD.
JACKSONVILLE FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3545153

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALDERMAN, ROMULOUS
729 SEMINOLE RIDGE RD
MELROSE FL 32666

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)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ALDERMAN, ROMULOUS
STREET ADDRESS 729 SEMINOLE RIDGE RD.
CITY-ST-ZIP MELROSE FL 32666 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 3108 US HWY 17
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE M
NAME EDGAR, JEREMY
STREET ADDRESS 7629 C NE 222ND ST
CITY-ST-ZIP MELROSE FL 32666 ☐ Delete

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

TITLE AM
NAME BLACK, ILANA
STREET ADDRESS 7629 A NE 222ND ST
CITY-ST-ZIP MELROSE FL 32666 ☒ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 800023338498
CITY-ST-ZIP 09/25/03--01048--015 **\$550.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/2003 904-215-2003
Date Daytime Phone #

CR2E034 (4/03)