

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90680 035 ***150.00

DOCUMENT # P99000000538

1. Entity Name

DEONAS BOAT WORKS, INC.

Principal Place of Business

**224 HWY 17 SOUTH
YULEE FL 32097**

Mailing Address

**224 HWY 17 SOUTH
YULEE FL 32097**

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

59-3550655

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
DEONAS, DEMETRIOS N
9 NORTH 14TH STREET
FERNANDINA BEACH FL 32034** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
DEONAS, NICK D
9 NORTH 14TH STREET
FERNANDINA BEACH FL 32034** ☐ Delete

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

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-02 904-225-2220

Date

Daytime Phone #

CR2E034 (9/01)

Attachment to DQ # P990000005-38

436664

13 May 2002

Dear Sir or Madam:

This is a family run business that we own and operate. As the father of the family and of the business I do all of the bill paying and book keeping. My wife had an accident and has been in and out of treatment for her back and shoulder for the past several months. We are at this time undergoing medical treatments in Orange Park Fla, four days a week, this is a four hour ordeal for us, weekly. I have been taking care of her needs and taking her to the hospital and doctors in Jacksonville and Orange Park. In conjunction with all of the above mentioned duties I also serve as County Commissioner and chairman this year for our county. I honestly thought the deadline for filing was the end of May and not the first of May.

Any help you could provide with the penalty would be appreciated.

Thank you in advance for your consideration,



Nick Deonas
Vice President
Deonas Boat Works