

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013048

1. Entity Name

NATURE COAST MARINE, INC.

08-11-2000 90093 039 ***550.00
P99000013048

FILED

00 OCT 25 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1850 S.E. 3RD COURT
CRYSTAL RIVER FL 34429

1850 S.E. 3RD COURT
CRYSTAL RIVER FL 34429-4912

2. Principal Place of Business

3. Mailing Address

1590 S. SUNCOAST
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

City & State

City & State

HOMOSASSA, FL
Zip 34448 Country Citrus

FL
Zip 34448 Country Citrus

4. FEI Number

02-0646288

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

ZORN, CATY A. Susanne Jensen
1850 S.E. 3RD COURT P.O. Box 4111
CRYSTAL RIVER FL 34429 Homosassa, Springs, FL
34446

Name SUSANNE K JENSEN
Street Address (P.O. Box Number is Not Acceptable)
1430 W. Green Acres St.
City HOMOSASSA FL Zip Code 34446

B. 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 Susanne K Jensen
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 10/23/00

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, 2000 Fee will be \$650.00
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	D	Delete
NAME	CALDWELL, JAMES R JR	
STREET ADDRESS	1850 S.E. 3RD COURT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	Delete
NAME	CALDWELL, LINDA E	
STREET ADDRESS	1850 S.E. 3RD COURT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	Vice Pres	Delete
NAME	K. Shane Caldwell	
STREET ADDRESS	216 Markham Woods Rd.	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
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: [Signature]
Signature and typed or printed name of signing officer or director Date 10/23/00 Daytime Phone # (352) 795-4487 (352) 794-0094

CR2E034 (9/99)