

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90182 037 ***150.00

DOCUMENT # P99000027517

1. Entity Name

MARINA RESOURCES, INC.

Principal Place of Business

**226 EAST JOEL BOULEVARD
 LEHIGH FL 33972**

Mailing Address

**226 EAST JOEL BOULEVARD
 LEHIGH FL 33972**

2. Principal Place of Business

1430 Rose Garden Road

Suite, Apt. #, etc.

3. Mailing Address

15065 McGregor Boulevard

Suite, Apt. #, etc.

#108

City & State

Cape Coral, Florida

City & State

Fort Myers, FL

Zip

33914

Country

USA

Zip

33908

Country

USA

4. FEI Number

65-0909146

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

WINER, STEVEN I

2320 FIRST ST., STE. 1000

FT. MYERS FL 33901-2904

7. Name and Address of New Registered Agent

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

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CRANDELL, DONNIE R | |
| STREET ADDRESS | 226 EAST JOEL BOULEVARD | |
| CITY-ST-ZIP | LEHIGH FL 33972 | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | HOLQUIST, LAURA A | |
| STREET ADDRESS | 226 EAST JOEL BOULEVARD | |
| CITY-ST-ZIP | LEHIGH FL 33972 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | NATIELLO, JOHN | |
| STREET ADDRESS | 226 E. JOEL BLVD. | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33972 | |
| TITLE | VS | <input checked="" type="checkbox"/> Delete |
| NAME | ALLISON, JANET | |
| STREET ADDRESS | 226 E. JOEL BLVD. | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33972 | |
| TITLE | TAS | <input checked="" type="checkbox"/> Delete |
| NAME | HORVATH, MARGARET | |
| STREET ADDRESS | 226 E. JOEL BLVD. | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33972 | |
| TITLE | | <input checked="" type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------------|--|
| TITLE | D/P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENSLEY, ROBERT D. | |
| STREET ADDRESS | 15065 MCGREGOR BOULEVARD, #108 | |
| CITY-ST-ZIP | FORT MYERS, FL 33908 | |
| TITLE | D/S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENSLEY, BELINDA | |
| STREET ADDRESS | 15065 McGregor Boulevard, #108 | |
| CITY-ST-ZIP | Fort Myers, FL 33908 | |
| TITLE | D/VP/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELTNER, RITA | |
| STREET ADDRESS | 15065 McGregor Boulevard, #108 | |
| CITY-ST-ZIP | Fort Myers, FL 33908 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02
 Date

941-437-5007
 Daytime Phone #

CR2E034 (9/01)