

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034161

1. Entity Name
HARBORMASTER DOCKS, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90443 001 ***150.00

Principal Place of Business

Mailing Address

1955 DREW STREET
CLEARWATER FL 33765

837 BOARDMAN-CANFIELD RD
STE 200 B
BOARDMAN OH 44512
US

2. Principal Place of Business

3. Mailing Address

837 Boardman-Canfield Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 207

City & State

City & State

Boardman, Ohio

Zip

Country

Zip
44512

Country
US

4. FEI Number **31-1658530**

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

SISSON, LOUIS F III
6225 PRESIDENTIAL COURT
SUITE A
FORT MYERS FL 33919

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, 2001 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
D SHUTRUMP, FRED
1955 DREW STREET
CLEARWATER FL 33765

☐ Delete

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

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CITY-ST-ZIP
☐ 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: *Fred Shutrump*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3/12/01*
Daytime Phone #

CR2E034 (10/00)