

2000 UNIFORM BUSINESS REPORT (UBR)

2/4/00-90022-040-\$150.00-\$150.00

DOCUMENT # P99000044596

1. Entity Name

IN PORT BOAT & RV STORAGE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 12:14

Principal Place of Business

Mailing Address

375 ARTEMIS BLVD.
MERRITT ISLAND FL

375 ARTEMIS BLVD.
MERRITT ISLAND FL 32953-3172

2. Principal Place of Business

3. Mailing Address

555 Challenger Rd
Suite, Apt. #, etc.

555 Challenger Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Cape Canaveral FL
Zip 32920 Country USA

Cape Canaveral FL
Zip 32920 Country USA

4. FEI Number

59-3588104

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

MARKEY & FOWLER, P.A.
410 WEST MERRITT AVENUE
MERRITT ISLAND FL 32953

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

Timothy D. Levensaler
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, 2000 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 LEVENSALE, TIMOTHY D 375 ARTEMIS BLVD. MERRITT ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMELLINI, ARTHUR 1445 LAKE DRIVE COCOA FL 32922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Timothy D. Levensaler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00
Date

767-28-7466
Daytime Phone #

CR2E034 (9/99)