

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90668 048 ***150.00

DOCUMENT # P99000050856

1. Entity Name

SUNSET MARINA BOAT RENTALS, INC.



Principal Place of Business

**5601 COLLEGE RD
KEY WEST FL 33040**

Mailing Address

**5601 COLLEGE RD
KEY WEST FL 33040**

2. Principal Place of Business

5555 College Rd.

3. Mailing Address

5555 College Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

Zip

Country

US

Zip

33040

Country

US

4. FEI Number

65-0723835

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELL, DOUGLAS J
5555 COLLEGE ROAD
KEY WEST FL 33040**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | PSD <input type="checkbox"/> Delete |
| NAME | BELL, DOUGLAS |
| STREET ADDRESS | 5601 COLLEGE RD |
| CITY-ST-ZIP | KEY WEST FL 33040 |
| TITLE | VTD <input type="checkbox"/> Delete |
| NAME | ERICKSON, MARLYN |
| STREET ADDRESS | 5601 COLLEGE RD |
| CITY-ST-ZIP | KEY WEST FL 33040 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

Date

305-296-7101

Daytime Phone #