

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90037 033 ***150.00

DOCUMENT # P99000053566

1. Entity Name
INGLIS MARINE, INC.

Principal Place of Business Mailing Address
55 N INGLIS AVE **55 N INGLIS AVE**
INGLIS FL 34449 **INGLIS FL 34449-9463**

2. Principal Place of Business 3. Mailing Address
55 N. INGLIS AVE **55 N. INGLIS FL.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
INGLIS FL. **INGLIS FL**
 Zip Country Zip Country
34449 **LEVY** **34449** **LEVY**

4. FEI Number Applied For
59-3582667 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

7. Name and Address of New Registered Agent

DAVIS, CECIL W
9731 W WATERMELON LANE
CRYSTAL RIVER FL 34428

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 Cecil W Davis President Cecil W Davis 3-1-00
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 President <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Cecil W. Davis	NAME
STREET ADDRESS 9731 W. WATERMELON LN	STREET ADDRESS	CITY-ST-ZIP CRYSTAL RIVER FL 34428	CITY-ST-ZIP
TITLE V. President <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Cecil W Davis III	NAME
STREET ADDRESS 9731 W. WATERMELON LN	STREET ADDRESS	CITY-ST-ZIP CRYSTAL RIVER FL 34428	CITY-ST-ZIP
TITLE SECRETARY <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME JUNE A. DAVIS	NAME
STREET ADDRESS 9731 W. WATERMELON LN.	STREET ADDRESS	CITY-ST-ZIP CRYSTAL RIVER FL 34428	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	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: Cecil W Davis Cecil W Davis (352) 447-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)