

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090659

1. Entity Name

IDEAL MARINA SALES, INC.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90165 046 ***150.00

0144735 SP

Principal Place of Business

114 RIVERSIDE DRIVE S.E.
STEINHATCHEE FL 32359

Mailing Address

114 RIVERSIDE DRIVE S.E.
STEINHATCHEE FL 32359



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3601189

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PETERS, SCOTT A
114 RIVERSIDE DR SE
STEINHATCHEE FL 32359

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 re-instating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

PD
WADE, JOSEPH R
114 RIVERSIDE DRIVE S.E.
STEINHATCHEE FL 32359

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
PETERS, SCOTT A
114 RIVERSIDE DRIVE S.E.
STEINHATCHEE FL 32359

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
PETERS, JODY
114 RIVERSIDE DRIVE S.E.
STEINHATCHEE FL 32359

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☐ 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, 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

Jody Peters

Date

8/7/02

Daytime Phone #

352-498-3877

CR2E034 (4/02)

PAID
\$150.00
64-3699

Attachment

P99000090689

Ideal Marina & Motel

114 Riverside Drive
P.O Box 24
Steinhatchee, FL 32359
352-498-3877

Web Site: www.steinhatchee.com/ideal
Email: ideal4u@bellsouth.net

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: FEI # 59-3601189

To Whom It May Concern:

This is concerning the late fees on my UBR for 2002. I got the 2nd notice concerning the filing of the report with the charge of \$550.00. I have not seen the first one. Our business partner that handled this came down with cancer at the first of the year. I have since then taken over the bookkeeping. Evidently he may have received this after the first of the year and had all the book work with him. I wasn't aware of this.

I am requesting the late filing fee be waived due to these circumstances. Thank you.

Sincerely,

Jody Peters