

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90083 032 \*\*\*550.00

0164794 FP

**DOCUMENT # P99000090659**

1. Entity Name  
**IDEAL MARINA SALES, INC.**



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

**P.O. Box 24**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Steinhatchee FL**

4. FEI Number **59-3601189**

Applied For  
☒ Not Applicable

Zip

Country

Zip

Country

**32359**

**USA**

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

*Scott A. Peters*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

After September 10, 2003 Fee will be \$750.00  
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

11. 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  
☐ Change ☐ Addition

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  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
PETERS, JODY  
114 RIVERSIDE DRIVE S.E.  
STEINHATCHEE FL 32359**

☐ Delete

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

TITLE  
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CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Jody Peters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sec/Treas.*

*8-14-03 (352) 498-3877*

Date

Daytime Phone #

CR2E034 (4/03)