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## 2002 Uniform Business Report (UBR)

**SIGNATURE:** 

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## Mar 20, 2002 8:00 am DOCUMENT # S91124 **Secretary of State** 1. Entity Name EVEREST MARINE, INC. 03-20-2002 90011 036 \*\*\*150.00 Everest MARINA, INC. Principal Place of Business Mailing Address 5227 SKYLARK CT. 5227 SKYLARK CT. CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address 1838 Everest Pkwy. 1838 Everest Pkwy. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For CAPE Coral 65-0300461 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Lee Lee 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARK J. KACKAY HUEBNER, PETER B. Street Address (P.O. Box Number is Not Acceptable) 5227 SKYCLARK CT. CAPE CORAL FL 33904 8. The above named entity submits this staten for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) те of registered agent ind title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President 1 Dir Change (9/01) TITLE Delete TITLE ■ Addition Peter Huebner 1838 Everest PKWY Cape Coral, FL 33904 NAME HUEBNER, JOHN NAME 8198 E. ROYAL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STANWOOD MI CITY-ST-7IP IP/DIR TITLE TITLE ☐ Change Addition D 🔽 Delete MARK J. RACKAY 1838 Everest PKWY CAPE Coral, FL 33904 NAME HUEBNER, BARBARA STREET ADDRESS STREET ADDRESS 8198 E. ROYAL ROAD CITY-ST-ZIP CITY-ST-ZIP STANWOOD MI TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 attachmen

MARK J. RACKAY 2-18:02 941-458-6604

G OFFICER OR DIRECTOR

Date

Date

Description Phone #