

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

0682935

DOCUMENT # S95943

1. Entity Name

SLOCUM & CHRISTIAN OF MARCO, INC.

02-01-2001 90087 008 ***150.00

Principal Place of Business

Mailing Address

**960 NORTH COLLIER BLVD.
 MARCO ISLAND FL 34145
 US**

**P.O. BOX 1447
 MARCO ISLAND FL 34146
 US**

NOV 11 11 10

Principal Place of Business

960 N. COLLIER BLVD.

3. Mailing Address

P.O. BOX 1447

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARCO ISLAND, FLORIDA

City & State
MARCO ISLAND, FLORIDA

4. FEI Number **59-2535602**

Applied For
 Not Applicable

Zip
34145

Country
USA

Zip
34146

Country
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

**TUCKER, E. GLENN
 923 N COLLIER BLVD
 MARCO ISLAND FL 33937**

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

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PT
 SLOCUM, JOHN G
 960 NORTH COLLIER BLVD
 MARCO ISLAND FL 34145** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VS
 CHRISTIAN, TOM D
 960 NORTH COLLIER BLVD
 MARCO ISLAND FL 34145** ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John G. Slocum
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-04-01 941-394-0316

CR2E034 (10/00)