

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90255 001 \*\*\*150.00

**DOCUMENT # V64371**

1. Entity Name  
**INDIANTOWN MARINA, INC.**



Principal Place of Business  
**16300 SW FAMEL AVE  
INDIANTOWN FL 34956**

Mailing Address  
**16300 SW FAMEL AVE  
INDIANTOWN FL 34956**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 1473**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

**Indiantown, FL**

4. FEI Number

**65-0356134**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34956**

**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

**DALE, MICHAEL L.  
5154 SE FEDERAL HWY  
STUART FL 34997**

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 the registered agent.

SIGNATURE

Signature of the current registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 ☐ Delete  
NAME **P LINCOLN, SARA JANE**  
STREET ADDRESS **16500 S.W. PINTO STREET**  
CITY-ST-ZIP **INDIANTOWN FL**

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

TITLE ☐ Delete  
NAME **V LINCOLN, RUSSELL ALLEN**  
STREET ADDRESS **16500 S.W. PINTO STREET**  
CITY-ST-ZIP **INDIANTOWN FL**

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

TITLE ☐ Delete  
NAME **T LINCOLN, SARA JANE**  
STREET ADDRESS **16500 S.W. PINTO STREET**  
CITY-ST-ZIP **INDIANTOWN FL**

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

TITLE ☐ Delete  
NAME **S LINCOLN, RUSSELL A**  
STREET ADDRESS **16500 SW PINTO STREET**  
CITY-ST-ZIP **INDIANTOWN FL**

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**President**  
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/21/03 772-597-3402**

CR2E034 (10/02)