

**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

1904713 4.7

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
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1473
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Indiantown, FL

City & State
Indiantown, FL

Zip
34956

Country
USA

4. FEI Number
65-0356134

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

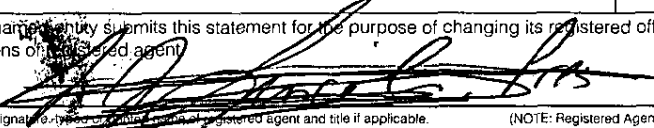
7. Name and Address of New Registered Agent

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 

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	LINCOLN, SARA JANE	
STREET ADDRESS	16500 S.W. PINTO STREET	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LINCOLN, RUSSELL ALLEN	
STREET ADDRESS	16500 S.W. PINTO STREET	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LINCOLN, SARA JANE	
STREET ADDRESS	16500 S.W. PINTO STREET	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LINCOLN, RUSSELL A	
STREET ADDRESS	16500 SW PINTO STREET	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** 4/21/03 782-597-3402

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)