CR2E034 (9/01

## 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## Apr 09, 2002 8:00 am Secretary of State 334308 DOCUMENT # 1. Entity Name 04-09-2002 90072 035 \*\*\*150 00 IMPERIAL YACHT BASINS INC Mailing Address Principal Place of Business 205 S. HOOVER ST. 205 S. HOOVER ST. **TAMPA FL 33609** TAMPA FL 33609 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1831568 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **HUGHEY.MIKE** Street Address (P.O. Box Number is Not Acceptable) 205 S. HOOVER ST. **TAMPA FL 33609** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE NAME RAWLINS, WANITA M. NAME STREET ADDRESS STREET ADDRESS 205 S HOOVER ST CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 00000 TITLE ☐ Change ☐ Addition ☐ Delete TITLE SD NAME NAME CARTER, SHIRLEY H STREET ADDRESS STREET ADDRESS 205 S HOOVER ST CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 00000 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME FARMER, JD STREET ADDRESS STREET ADDRESS 205 S HOOVER ST #400 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 00000 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME HUGHEY, MIKE NAME STREET ADDRESS STREET ADDRESS 205 S HOOVER ST CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 00000 VASD Delete TITLE Change ☐ Addition TITLE NAME NAME BROWNE, DAN STREET ADDRESS STREET ADDRESS 205 S. HOOVER ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL D 🕅 Change ☐ Addition ИD TITLE Delete TITLE THATCHER CAROLYN NAME NAME STREET ADDRESS STREET ADDRESS 205 S HOOVER #400 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** 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.