2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am Secretary of State DOCUMENT # 351856 1. Entity Name 03-05-2002 90071 032 ***150.00 IMPERIAL YACHT SALES, INC. Mailing Address Principal Place of Business 205 S. HOOVER STREET 205 S. HOOVER STREET TAMPA FL 33609 TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1358399 Not Applicable Zip Country Country Ζiρ \$8.75 Additional 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** City 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition TITLE Delete NAME NAME FARMER, JD STREET ADDRESS 205 S HOOVER ST #400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Delete ☐ Addition TITLE TITLE Change PD NAME HUGHEY, MIKE STREET ADDRESS STREET ADDRESS 205 S HOOVER ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE Change ■ Addition TITLE NAME CARTER, SHIRLEY H STREET ADDRESS STREET ADDRESS 205 S HOOVER ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE Change ☐ Addition TITLE NAME RAWLINS, WANITA M STREET ADDRESS STREET ADDRESS 205 S. HOOVER ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE Delete TITLE Change ■ Addition NAME NAME BROWNE, DAN STREET ADDRESS STREET ADDRESS 205 S. HOOVER ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ΔD ☐ Delete ☐ Addition TITLE TITLE NAME NAME THATCHER, CAROLYN STREET ADDRESS STREET ADDRESS 205 S HOOVER ST, SUITE 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