2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J11157

YACHT RIGGING SERVICE UNLIMITED, INC.

Principal Place of Business Mailing Address OAKHURST DRIVE P. O. BOX 365 BAY PINES FL 33744-0365 ----- -- FL 33772 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2722803 Not Applicable Country Country \$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 ADLER, TERRY S. Street Address (P.O. Box Number is Not Acceptable) 5872 OAKHURST DR. SEMINOLE FL 33772 Zip Code 33772 FL rpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement fo SIGNATURE 2 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. CR2E034 (9/99) Change Addition Delete TITLE TITLE ADLER, TERRELL SEATON NAME NAME 5872 OAKHURST DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE ADLER, ANNE MERSELES NAME NAME 5872 OAKHURST DR. STREET ADDRESS STREET ADDRESS SEMINOLE FL. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling does not odalify 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 anothrat 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 his 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 an above end.

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 19, 2000 8:00 am Secretary of State

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