2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State
01-24-2000 90022 006 ***150.00

B0006295

DO NOT WRITE IN THIS SPACE

DOCUMENT # L40096

1. Entity Name

MELVIN B. GAINES YACHT BROKERAGE, INC.

Principal Place of Business	Mailing Address
~~1122 REDFISH CIR PANAMA CITY FL 32411 US~~	~~P O BOX 27539 520 COMMERCE DR. PANAMA CITY FL 32411-7539~~ US

2. Principal Place of Business: 2312 Pelican Bay Ct	3. Mailing Address: PO Box 27539
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City FL	City & State: Panama City, FL
Zip: 32408 Country: US	Zip: 32411-7539 Country: US

4. FEI Number: 59-2983297 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAINES, MELVIN B.
1122 REDFISH CIRCLE P O BOX 27539
PANAMA CITY BEACH FL 32411

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 2312 Pelican Bay Court
PO Box 27539

City: Panama City, FL **FL** Zip Code: 32411-7539

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] 01/19/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, MELVIN B. PO BOX 27539 PANAMA CITY FL 32411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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.

SIGNATURE: SIGNATURE REQUIRED [signature] 01/19/00 850 233-8867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #