## "2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 12, 2003 8:00 am Secretary of State

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DOCUMENT # L40096  1. Entity Name MELVIN B. GAINES YACHT BROKERAGE, INC.							)	02-12	-2003 90	387 001 **	**300.00	
Principal Place of Business 122 DRAGON CIRCLE PANAMA CITY FL 32408 US			Mailing Address P O BOX 27539 PANAMA CITY FL 32411 US				55006291					
2. Principal Place of Business			3. Mailing Address				T THE BRIDGIN CHARRACTURE OR AND CONTROL BURGH FROM CHARLACTURE AND					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 59-2983297 Applied For Not Applicable					
Zip Country		Zip		Country		5. Certifica	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name	and Address of Curren	t Registered Agent				7. Name ar	7. Name and Address of New Registered Agent				
حد والتيب الماريوني						Name						
GAINES, MELVIN B. 122 DRAGON CIRCLE						Street Address (P.O. Box Number is Not Acceptable)					<u> </u>	
PANAMA CITY BEACH FL 32408							÷					
PARTIES OF SEASON I COLOR					City	FL Zip Code			3	1		
8. The above	named entity ions of registe	submits this statement ered agent.	for the purp	ose of changing its r	egister	ed office or registe	ered agent, or b	oth, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE .	Signature, lyped	or printed name of registered ager	nt and title if app	ilicable. (NOTE:	Registere	d Agent signature require	ed 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							7	Election Campaign F Frust Fund Contributi	on. [	Added	O May Be to Fees	
10.		OFFICERS AN	D DIRECTO	PRS	11.		ADDITION	S/CHANGES TO OF	FICERS AN	D DIRECTORS	S IN 11	]_
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NAME					NAM							
STREET ADDRESS						ET ADDRESS						

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daving Phone 8