

2001 UNIFORM BUSINESS REPORT (UBR)

0028958 AF

DOCUMENT # L99000001512

1. Entity Name
IMPETUOUS YACHT CHARTERS LC

FILED

01 MAR -9 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 599 EAST JERICO TURNPIKE, BOX 886 ATTN: JOSEPH C. BUZZETTA SMITHTOWN NY 11787	Mailing Address 599 EAST JERICO TURNPIKE, BOX 886 ATTN: JOSEPH C. BUZZETTA SMITHTOWN NY 11787
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3480310

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME **MGR BUZZETTA, JOSEPH C**
STREET ADDRESS **599 EAST JERICO TURNPIKE, BOX 886**
CITY-ST-ZIP **SMITHTOWN NY 11787**

TITLE Change Addition
NAME *Joseph C. Buzzetta*
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGR BUZZETTA, VALERIE A**
STREET ADDRESS **599 EAST JERICO TURNPIKE, BOX 886**
CITY-ST-ZIP **SMITHTOWN NY 11787**

TITLE Change Addition
NAME *Valerie A. Buzzetta*
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **300003891 503-2**
STREET ADDRESS **-03/21/01--01113--012**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Paul Jozwick* 3-1-01 631-265-2204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)