

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91022 027 ***150.00

DOCUMENT # M83427

1. Entity Name
R.J.C. YACHT SALES, INC.



Principal Place of Business
1909 SE 4TH AVE
FT. LAUDERDALE FL 33316
US

Mailing Address
1909 SE 4TH AVE
FT. LAUDERDALE FL 33316
US

2. Principal Place of Business
399 S.E. 18th CT.
Suite, Apt. #, etc.

3. Mailing Address
399 SE 18th CT.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
FT. Lauderdale
Zip **33316** **Country** **Broward**

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FT. Lauderdale
Zip **33316** **Country** **Broward**

4. FEI Number **65-0060381**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURY, ROBERT J
3033 N.W. 29TH ROAD
BOCA RATON FL 33432

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-17-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CURY, ROBERT J 3033 NW 29TH ROAD BOCA RATON FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03 **954 5257484**
Date **Daytime Phone #**

03/24/03 8:00 AM

CR2E034 (10/02)