

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000707

1. Entity Name

CHESAPEAKE ATLANTIC YACHT SALES, L.L.C.

Principal Place of Business

357 PIER ONE ROAD
STEVENSVILLE MD 21666

Mailing Address

357 PIER ONE ROAD
STEVENSVILLE MD 21666-2601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1951349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~COOK, ARTHUR~~

1535 S.E. 17TH STREET, SUITE 121
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Jamie Pumpelly

Street Address (P.O. Box Number is Not Acceptable)

1535 S.E. 17th Street, Suite 121

City

Fort Lauderdale

FL

Zip Code

33316

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

Jamie Pumpelly

Signature, typed or printed name of registered agent and date if applicable.

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PUMPELLY, JAMIE L
357 PIER ONE ROAD
STEVENSVILLE MD 21666 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
PUMPELLY, THOMAS F
357 PIER ONE ROAD
STEVENSVILLE MD 21666 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Delete
300003115313--0
-01/31/00--01006--020
*****50.00 ☐ Change

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Delete

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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:

Jamie Pumpelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/17/00 (410)643-5400

FILED

00 JAN 21 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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