

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90439 044 ***150.00

DOCUMENT # P94000006564

1. Entity Name
DEAN ANTHONY YACHTS, INC.



Principal Place of Business
**1109 MANGO ISLE
FT. LAUDERDALE FL 33315**

Mailing Address
**1109 MANGO ISLE
FT. LAUDERDALE FL 33315**



2. Principal Place of Business
2019 SW 20 Street
Suite, Apt. #, etc.
Suite 247+248
City & State
Fort Lauderdale FL
Zip
33315 Country
USA

3. Mailing Address
2019 SW 20 St
Suite, Apt. #, etc.
Suite 200
City & State
Fort Lauderdale FL
Zip
33315 Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0568089** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANTHONY, DEAN
1109 MANGO ISLE
FT. LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

Name **Dean Anthony**
Street Address (P.O. Box Number is Not Acceptable)
2019 SW 20 Street #200
City **Fort Lauderdale** FL Zip Code **33315**

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 *Dean Anthony* **2/6/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	ANTHONY, DEAN		NAME	PATRICIA ANTHONY	
STREET ADDRESS	1109 MANGO ISLE		STREET ADDRESS	608 VERONA PL	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315		CITY-ST-ZIP	WESTON FL 33326	
TITLE		☐ Delete	TITLE	DEAN ANTHONY	☒ Change ☐ Addition
NAME			NAME	608 VERONA PL	
STREET ADDRESS			STREET ADDRESS	WESTON FL 33326	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 of Dean Anthony* **2/6/03 9545236565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0346317 AV

CR2E034 (10/02)