			The supple of th			
2001	UNIFORM	BUSINESS	REPORT	(UBR		

DOCU		# P94000	0037864				•				
1. Entity Name TWIN VEE BOATS, INC.					ļ		FILE	ED			
				-				00	рн 2 :	25	
Principal Place of Business Mailing Address +666 S E VILLAGE GREEN DRIVE PORT ST. LUCIE FL 34952 US Mailing Address +1666 S E VILLAGE GREEN DRIVE PORT ST. LUCIE FL 34952 US						OI SEP 28 PH 2: 25 SECRETARY OF STATE TALLAHASSEE FLORIDA					
2 Pripaipal P	Place of Bush	112ge Green	3. Mailing Address	EU	Tillage	Gre	אווווווו ריק≘ פיק≘	EID IDEAL CIDIT EDIKI DERF	BENA IDIA 6 NIK	H 1380) IDHE O	ITIIT EIEI LEEI
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI Numbe	65-0494054	-		plled For of Applicable		
Zip		Country	Zip	Country			5. Certificate of	of Status Desired		8.75 Add ee Require	
	~ _6. Name	and Address of Current R	egistered Agent	<u> </u>	Name	-1	7. Name and	Address of New Ro	egistered A	gent	
COBB, RO	ORFRT E							1.41.1			
=	TH FEDER	AL HWY.			Street Ac	dress (P	.O. Box Numbe	r is Not Acceptable) . 		
FORT LAU	JDERDALE	FL 33308	•								
÷					City				FL	Zip Code	e _
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 Signature, typed or printed name of registered agent and title if applicable. (INOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution.											
11.	ria on back)	OFFICERS AND D	Make Check Paya	12		p. otati		CHANGES TO OFFI	CERS AND I	DIRECTORS	5 IN 11
TITLE NAME	2389 S E	, ROGER W SEAMIST STREET LUCIE FL 34952	□ Delete P	TITE NAM STRE	E	Du 74: Por	nshee, 2 se c 1 st.	Roger	rw	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2389 S E	, DONNA A SEAMIST STREET LUCIE FL 34952	Delete Sec	•	-	Din 140 Por	" .	Donna ssex Pi Lucie	- " - EL	_	Addition S
ATTLE - SE -	فسنعمده		- Delete	TITU NAM		En	+,-00	avid	-1	Change	□ Ad dition
STREET ADDRESS CITY-ST-ZIP				STRE	EET ADORESS	23.	og se	Curie	FL	340	752
TIFLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete		- 1	./	<u>, </u>			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delœie					M	Λ	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete							□ Change	☐ Addition
13. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other tike empowered.											
SIGNATURE: 9-6-01											