

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90008 030 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000012606
 1. Entity Name
SABALO BOATS, INC.

Principal Place of Business 12893 - 114TH AVENUE NORTH LARGO FL 34644	Mailing Address 12893 - 114TH AVENUE NORTH LARGO FL 33774-4047
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2. Principal Place of Business 9470 Ulmerton Road Suite, Apt. #, etc. Building 6	3. Mailing Address 9470 Ulmerton Road Suite, Apt. #, etc. Building 6
City & State Largo, Florida	City & State Largo, Florida

Zip 33771	Country USA	Zip 33771	Country USA
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4. FEI Number 59-3305588	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOHNSTON, WAYNE D
12893 - 114TH AVENUE NORTH
LARGO FL 34644

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code **33774**

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JOHNSTON, WAYNE D 12893 - 114TH AVENUE NORTH LARGO FL 34644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GARRETT, BEVERLY J 12893 - 114TH AVENUE NORTH LARGO FL 34644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 or 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 like empowered.

SIGNATURE: *Beverly J. Garrett* **Beverly Garrett** 3/27/00 727-586-4236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)