

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90045 050 ***158.75

DOCUMENT # P95000048816

1. Entity Name
BOAT DEALERS' ALLIANCE, INC.

Principal Place of Business
**133 MAIN STREET
NIANTIC CT 06357**

Mailing Address
**133 MAIN STREET
NIANTIC CT 06357**

2. Principal Place of Business
21 E. MAIN ST.
Suite, Apt. #, etc.

3. Mailing Address
21 E. MAIN ST.
Suite, Apt. #, etc.

City & State
MYSTIC, CT
Zip
06355

City & State
MYSTIC, CT
Zip
06355

4. FEI Number **41-1822266**
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

**NAGIN, STEPHEN E
3225 AVIATION AVENUE THIRD FLOOR
MIAMI FL 33133-4741**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDO ODSON, BRIAN 133 MAIN STREET NIANTIC CT 06357	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUCY, ROBERT SPRING POINT MARINE SOUTH PORTLAND ME 04116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUMPKIN, TONY 2600 BUCK'S ISLAND ROAD SOUTHSIDE AL 35907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KILLINGER, GENE 84 WEST AIRPORT BOULEVARD PENSACOLA FL 32503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROCKER, KAY 528 WAYNICK BOULEVARD WRIGHTSVILLE BEACH NC 28480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, FRANK 25 SOUTH TERRELL STREET METTER GA 30439	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXO OLSON, BRIAN 21 E. MAIN ST. MYSTIC, CT. 06355	<input checked="" 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
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: *Brian P. Olson* **BRIAN P. OLSON, EXEC. DIR.** 02/19/01 860-536-6388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)