AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 20 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/22/02--01078--010
*****61.25 *****61.25

DOCUMENT # P97000047777

1. Entity Name
QUALITY BOATS OF CLEARWATER, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
235 WINDWARD PASSAGE	235 WINDWARD PASSAGE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip: 33767 Country: U.S.A.	Zip: 33767 Country: U.S.A.

4. FEI Number: 59-3450304 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: THEODORE J. BAIR

Street Address (P.O. Box Number is Not Acceptable): 3287 MALLARD DRIVE

City: SAFETY HARBOR, FL Zip Code: 34695

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. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	
PRESIDENT / TREASURER THEODORE J. BAIR 3287 MALLARD DRIVE SAFETY HARBOR, FL 34695	
VICE PRESIDENT DAVID M. BAIR 235 WINDWARD PASSAGE CLEARWATER, FL 33767	
VICE-PRESIDENT DANIEL M. BAIR 235 WINDWARD PASSAGE CLEARWATER, FL 33767	**DO NOT WRITE IN THIS SPACE**
SECRETARY DIANA BAIR PERKSON 235 WINDWARD PASSAGE CLEARWATER, FL 33767	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Theodore J. Bair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #