

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
 04-03-2002 90016 030 ***150.00

0116739 AV

DOCUMENT # P99000053456

1. Entity Name

CANAVERAL BOATWERKS, INC.

Principal Place of Business

Mailing Address

**8980B DISCOVERY ROAD
 CAPE CANAVERAL FL 32920-4237**

**8980B DISCOVERY ROAD
 CAPE CANAVERAL FL 32920-4237**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

770A Mullet Dr.

770A Mullet Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Canaveral

Cape Canaveral

Zip

Country

Zip

Country

32920-4599

32920-4599

4. FEI Number

59-3585481

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

**FREITAG, ROBERT W II
 8980B DISCOVERY ROAD
 CAPE CANAVERAL FL 32920-4237**

Name

Street Address (P.O. Box Number is Not Acceptable)

770A Mullet Dr.

City

Cape Canaveral

FL

Zip Code

32920-4599

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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	DPST FREITAG, ROBERT W II 480 SUNDORO COURT MERRITT ISLAND FL 32953	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

324-868-1677

Date

Daytime Phone #

CR2E034 (9/01)