FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Sep 11, 2002 8:00 am Secretary of State P01000079102 DOCUMENT # 1. Entity Name 09-11-2002 90124 027 \*\*\*558 DOWNEASTER BOAT, INC. Principal Place of Business Mailing Address 1801 TYNDALL DRIVE 1801 TYNDALL DRIVE PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, LYNN P Street Address (P.O. Box Number is Not Acceptable) 1801 TYNDALL DRIVE PANAMA CITY FL 32401 City .. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 President. CR2E034 (4/02) TITLE ☐ Delete Melten Miller NAME NAME 1801 Typolall Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP vice President Lynn D. Miller TITLE ☐ Delete TITLE ☐ Change NAME NAME ci Tyrda(1 Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP.\_\_ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME us Tyrdall Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE Lynn P. Miller NAME NAME STREET ADDRESS STREET ADDRESS 1801 TURALL Drive CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Miller Vice President