2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

ONE BUCCANEER PL

Suite, Apt. #, etc.

City & State

TAMPA FL 33807

HAVE A NICE DAY BOAT CORPORATION

Country

6. Name and Address of Current Registered Agent

1. Entity Name

P02000101617

Mailing Address

TAMPA FL 33607

3. Mailing Address

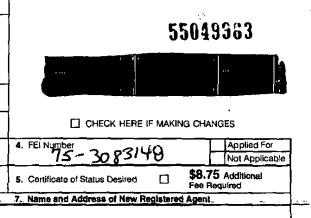
City & State

Suite, Apt. #, etc.

ONE BUCCANEER PL

FILED Jun 27, 2003 8:00 am Secretary of State

04-23-2003 90263 030 ***150.00



Jennewein. Jonathan P Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD STE 3700 TAMPA FL 33602 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 primed name of registered agent and title II applicable. . . (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 s. . . · Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. :R2E034 (10/02) TITLE . ☐ Change ☐ Addition TITLE □ Defete GLAZER, BRYAN G NAME NAME ONE BUCCANEER PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP tampa FL 33607 CITY-ST-ZIP ☐ Delete TITLE GLAZER, JOEL M NAME MALIF ONE BUCCANEER PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33607 CITY-ST-ZIP DILE = 🖸 Delete -- Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition

Country

12. I hereby certify that the information supplied with this filling 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 path; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME-

.TITLE...

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

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Daytime Phone #

Change Addition

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Addition