2002 UNIFORM BUSINESS REPORT (UBR)

May 03, 2002 8:00 am Secretary of State 301738 DOCUMENT # 1. Entity Name 05-03-2002 90132 001 ***317.50 ROSS YACHT SALES, INC. Principal Place of Business Mailing Address 279 WINDWARD PASSAGE 279 WINDWARD PASSAGE POST OFFICE BOX 3383 POST OFFICE BOX 3383 CLEARWATER FL 34630-2244 33767 CLEARWATER FL 34830-2244 33767 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1146523 Not Applicable Zip Country 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 ROSS, COURTNEY Street Address (P.Q. Box Number is Not Acceptable) 279 WINDWARD PASSAGE **CLEARWATER FL 33515** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. \Box Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE STD ☐ Delete TITLE NAME HARRIS, CHARLES NAME 2840 W. Bay Dr. #215 Belleair Bluffs, FL. 33770 STREET ADDRESS STREET ADDRESS 35 WINSTON DR CITY-ST-ZIP BELLAIRE FL CITY-ST-ZIP ☐ Delete NAME ROSS, COURTNEY NAME STREET ADDRESS 604 N OSCEOLA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Change ☐ Addition TITLE Delete TITS F NAME NAME GRAHAM, BILLY STREET ADDRESS STREET ADDRESS 728 RIVERSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME 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 with an address, with all other like empowered.

SIGNATURE:

FILED