

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90295 045 \*\*\*150.00

**DOCUMENT # 354124**

1. Entity Name  
**CHAS. P. IRWIN YACHT BROKERAGE, INC.**

Principal Place of Business  
**2400 E LAS OLAS BLVD**  
**SUITE C**  
**FT. LAUDERDALE FL 33301**  
**US**

Mailing Address  
**2400 E LAS OLAS BLVD**  
**SUITE C**  
**FT. LAUDERDALE FL 33301**  
**US**

2. Principal Place of Business  
**1801 SE 17th Street**

3. Mailing Address  
**1801 SE 17th Street**

Suite, Apt. #, etc.  
**Suite 104**

Suite, Apt. #, etc.  
**Suite 104**

City & State  
**Fort Lauderdale, FL 33316**

City & State  
**Fort Lauderdale, FL 33316**

Zip  
**33316**

Country  
**USA**

Zip  
**33316**

Country  
**USA**

4. FEI Number **59-1274753**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**IRWIN, III CHARLES P.**  
**2570 RIVERLANE TERRACE**  
**FORT LAUDERDALE FL 33312**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

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.

SIGNATURE *Charles P. Irwin*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

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

TITLE **PTD** ☐ Delete  
 NAME **IRWIN, III C P.**  
 STREET ADDRESS **2570 RIVERLANE TERRACE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **S** ☐ Delete  
 NAME **IRWIN, DAVID E**  
 STREET ADDRESS **2400 NE 19TH AVE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

TITLE **V** ☐ Delete  
 NAME **IRWIN, LINDA H**  
 STREET ADDRESS **2570 RIVERLAND TERRACE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

954 463-6302

Date

Daytime Phone #

CR2E034 (9/01)