

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 409668

1. Entity Name
FLYING BOAT, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90015 037 ***158.75

Principal Place of Business

750 SW 34TH ST.
FT LAUDERDALE FL 33315
US

Mailing Address

704 S.W. 34TH ST
FORT LAUDERDALE FL 33315-3606

2. Principal Place of Business

704 SW 34th ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1900555

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JONES, BILL
704 SW 34 ST
LAUDERDALE FL 33315

Name James Confalone

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

City Ft. Lauderdale 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  JAMES CONFALONE, President 4-25-00
(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 PCEO
NAME JONES, WILLIAM ☒ Delete
STREET ADDRESS 1000 MACARTHUR CAUSEWAY
CITY-ST-ZIP MIAMI FL

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

TITLE TS
NAME JONES, WILLIAM ☒ Delete
STREET ADDRESS 704 SW 34 ST
CITY-ST-ZIP FL LAUDERDALE FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE POwner
NAME James Confalone
STREET ADDRESS 704 SW 34 ST
CITY-ST-ZIP Ft Lauderdale FL 33315 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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


TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:  JAMES CONFALONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 (954) 359-0829
Date Daytime Phone #

CR2E034 (9/99)