

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 517449

1. Entity Name

BACKUS BOAT SERVICES, INC.

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

06-19-2000 90001 028 \*\*\*550.00

Principal Place of Business

900 S.E. 13TH CT  
DEERFIELD BCH FL 33441

Mailing Address

900 S.E. 13TH CT  
DEERFIELD BCH FL 33441-7027

2. Principal Place of Business

3004 Parkway Blvd

3. Mailing Address

3004 Parkway Blvd

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

Apt. 112

City & State

Kissimmee, Fla.

City & State

Kissimmee, Fla

Zip

34747

Country

USA

Zip

34747

Country

U.S.A

4. FEI Number

59-1706384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BACKUS, H. LINDSLEY III  
900 S.E. 13TH CT  
DEERFIELD BCH FL 33441

7. Name and Address of New Registered Agent

Name

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

3004 Parkway Blvd  
Apt 112

City

Kissimmee

FL

Zip Code

34747

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)

DATE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BACKUS, H LINDSLEY III	
STREET ADDRESS	900 S.E. 13TH CT	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BACKUS, JEANNE S.	
STREET ADDRESS	900 S.E. 13TH CT	
CITY-ST-ZIP	DEERFIELD BCH-FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Backus, H Lindsley III	
STREET ADDRESS	3004 Parkway Blvd	
CITY-ST-ZIP	Kissimmee, Fla 34747	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Backus, Jeanne S.	
STREET ADDRESS	3004 Parkway Blvd	
CITY-ST-ZIP	Kissimmee, Fla 34747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: H. Lindsley Backus III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 9, 2000  
Date

Daytime Phone #