**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **562902** 1. Entity Name MARLO CHARTER YACHTS & SALES, INC. 04-26-2001 90014 006 \*\*\*150.00 Principal Place of Business Mailing Address 2318 NE 28TH STREET 2318 NE 28TH STREET LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1808919 Not Applicable Zip Country 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 Name TASSI, LOUIS A Street Address (P.O. Box Number is Not Acceptable) 2318 NE 28TH ST LIGHTHOUSE POINT FL 33064 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE TITLE Addition ☐ Delete NAME TASSI, MARLENE E NAME STREET ADDRESS STREET ADDRESS 2318 NE 28TH ST. CITY-ST-7IP CITY-ST-ZIP LIGHTHOUSE PT. FL TITLE PD Delete TITLE [ ] Change ■ Addition NAME TASSI, LOUIS A NAME STREET ADDRESS STREET ADDRESS 2318 NE 28TH ST. CITY-ST-ZIP CITY-ST-7IP LIGHTHOUSE PT. FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1954-782-0107

Daytime Phone #