2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 625986

UNIT 334

KEY WEST FL 33040

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

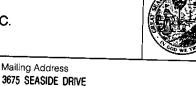
CITY-ST-7IP



Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90186 002 ***150.00

FILED

1. Entity Name TORRES' BOAT MANUFACTURERS, INC. Principal Place of Business 3675 SEASIDE DRIVE



UNIT 334 KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 59-1920582 Zip Not Applicable Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TORRES, CLAUDE 3675 SEASIDE DRIVE **UNIT 334**

Name		a Agent
	1	
Street Address (P.O. B	lox Number is Not Acceptable)	
		
C'2	_	

7. Name and Address of New Posies

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. I am familiar with, and accept

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

\$5.00 May Be Added to Fees

Zip Code

9. Election Campaign Financing Make Check Payable to Florida Department of State Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. AD TITLE □ Delete TITLE NAME TORRES, CLAUDE 3675 SEASIDE DRIVE UNIT 334 STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP TITLE

DITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11		
	☐ Change	Addition	

☐ Delete TITLE TORRES, SIEKO ☐ Change ☐ Addition NAME STREET ADDRESS 3675 SEASIDE DRIVE UNIT 334 STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP ☐ Delete TITLE

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

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

TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. 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 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 10 or Block 11 if

SIGNATURE: