

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001278

1. Entity Name

MARINA YACHT BROKERS, LTD

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3120 MATECOMBE KEY RD

Suite, Apt. #, etc.

3. Mailing Address

3120 MATECOMBE KEY RD

Suite, Apt. #, etc.

FILED

02 APR 22 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

PUNTA GORDA, FL

Zip

33955

Country

City & State

PUNTA GORDA, FL

Zip

33955

Country

4. FEI Number

65-0438772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

COTTER, JOHN

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

3120 MATECOMBE KEY ROAD

City

PUNTA GORDA

FL

Zip Code

33955

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

9. Capital Contributions

as Shown on record. 42,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

P93000027042

NAME

MARINA YACHT BROKERS INC

STREET ADDRESS

3120 MATECOMBE KEY RD

CITY-ST-ZIP

PUNTA GORDA, FL 33955

DOCUMENT #

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DOCUMENT #

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)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE

**DO NOT WRITE
IN THIS SPACE**

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