FILED

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

## Apr 11, 2001 8:00 am Secretary of State DOCUMENT # F00000002138 INNER HARBOR YACHT SALES, INC. 04-11-2001 90024 003 \*\*\*150.00 Principal Place of Business Mailing Address 2700 DONALD ROSS ROAD 2700 DONALD ROSS ROAD PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 943198 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 52-1954841 Applied For Not Applicable Zip Country Zip 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 MOYLAN, LAWRENCE JR Street Address (P.O. Box Number is Not Acceptable) 2700 DONALD ROSS ROAD PALM BEACH GARDENS FL 33410 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE Change COUSINS, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS **400 KEY HIGHWAY** CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD 21230** TITLE ☐ Delete TITLE Change Addition MOYLAN, LAWRENCE JR. NAME NAME STREET ADDRESS STREET ADDRESS 2700 DONALD ROSS ROAD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MILLER, SUSAN M NAME NAME STREET ADDRESS 2700 DONALD ROSS ROAD STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Addition TITLE ☐ Change 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 applicable.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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