## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 04, 2002 8:00 am § DOCUMENT # F34539 **Secretary of State** 1. Entity Name 03-04-2002 90034 044 \*\*\*150 00 SPENCER BOAT CO., INC. Principal Place of Business Mailing Address 4200 NORTH FLAGLER DRIVE 4200 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2091241 Not Applicable Zip 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 YEARGIN, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 4200 NORTH FLAGLER DRIVE PALM BEACH FL 33407 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) DATE 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, 2002 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. CR2E034 (9/01) TITLE ☐ Delete TITLE BRONSTIEN, EDWARD L, JR NAME NAME 1504 BREAKERS WEST BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WPB FL CITY-ST-ZIP Change DVSP ☐ Addition TITLE ☐ Delete TITLE BRONSTIEN, JAMES E. NAME NAME Par Court 12891 MARSH POINT WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL CITY-ST-ZIP DT ☐ Addition TITLE ☐ Delete TITLE YEARGIN, WILLIAM E NAME NAME STREET ADDRESS 7070 HIGH SIERRA CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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

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changed, or on an attachment with an address, with all other like empowered.