

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
 03-01-2000 90039 016 ***150.00

DOCUMENT # F71265

1. Entity Name
DAVE PYLES YACHT SALES, INC.

Principal Place of Business 2596 SW 23 TERR FT LAUDERDALE FL 33312 US	Mailing Address PO BOX 6284 FT LAUDERDALE FL 33310-6284 US
--	---

00027080



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 550 Bayshore Dr Suite, Apt. #, etc. #506 City & State Fort Lauderdale, FL Zip 33304 Country USA	3. Mailing Address 550 Bayshore Dr Suite, Apt. #, etc. #506 City & State Fort Lauderdale, FL Zip 33304 Country USA
---	---

4. FEI Number 59-2319719	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PYLES, DAVID
 2596 SW 23 TERR
 FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 550 Bayshore Dr #506
City Fort Lauderdale FL Zip Code 33304

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	PYLES, DAVID	2596 SW 23 TERR FT LAUDERDALE FL			

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: *David R Pyles* *2/22/00* 954-583-8104
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)