CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FIFD F93000004509 **DOCUMENT #** 03 FEB -4 AM 9:43 1. Entity Name RICHARD BERTRAM YACHTS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 3660 N.W. 21 STREET 6140 PARKLAND BLVD. MIAMI FL 33142 MAYFIELD HEIGHTS OH 44124 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 34-1750306 City & State Not Applicable \$8,75 Additional Country Country Zip 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 the obligations of registered agent. DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. □ Change TITLE ☐ Delete TITLE 100011793071 NAME TOMSICH, ROBERT J NAME 02/04/03--01090--004 **150.00 STREET ADDRESS l6140 Parkland BLVD. STREET ADDRESS CITY-ST-ZIP MAYFIELD HEIGHTS OH 44124 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE rzicznek, frank j NAME STREET ADDRESS 6140 PARKLAND BLVD. STREET ADDRESS CITY-ST-ZIP MAYFIELD HEIGHTS OH 44124 CITY-ST-ZIP ☐ Change Addition TITLE Delete vs TITLE NAME Brainard, Patrick J NAME STREET ADDRESS 6140 PARKLAND BLVD. STREET ADDRESS CITY-ST-ZIP MAYFIELD HEIGHTS OH 44124 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME Jousma, George NAME STREET ADDRESS 6140 PARKLAND BLVD STREET ADDRESS CITY-ST-7IP MAYFIELD HEIGHTS OH 44124 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete

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 10 or Block 11 if changed, or on an attachment with an address, w

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP