

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90002 024 ***150.00

DOCUMENT # F97000001682

1. Entity Name
CARIBE YACHT SERVICES, INC.

Principal Place of Business

2970 SE DOMINICA TERR
 STUART FL 34997
 US

Mailing Address

333 MARC DRIVE
 TOMS RIVER NJ 08753

2. Principal Place of Business

809 ROUTE 70

3. Mailing Address

Suite, Apt. #, etc.

City & State

BRICK, NJ

City & State

4. FEI Number 22-2558932

Applied For
 Not Applicable

Zip

08724

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent

MODINE, DAVID W
 6082-2 SE LANDING WAY
 STUART FL 34997

7. Name and Address of New Registered Agent

Name D.R. GIRVIN

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

1080 EAST INDIAN TRAIL BLVD, SUITE 102

City

JUPITER

FL

Zip Code

33477

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]

D.R. GIRVIN

3/13/01

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HARPER, HENRY P	
STREET ADDRESS	333 MARC DRIVE	
CITY-ST-ZIP	TIMS RIVER NJ	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HARPER, JULIA E	
STREET ADDRESS	333 MARC DRIVE	
CITY-ST-ZIP	TIMS RIVER NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN T. COCHRAN	
STREET ADDRESS	72 AMBASSADOR DR.	
CITY-ST-ZIP	RED BANK, NJ 07701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

[Signature] - HENRY P. HARPER

3/19/01

732-914-1224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)