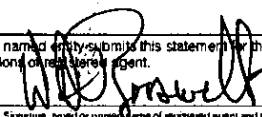
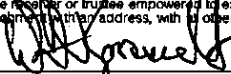


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90218 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000000103			
1. Entity Name COBRA BOATS, INC.			
Principal Place of Business 3801 PGA BLVD., STE 800 PALM BEACH GARDENS, FL 33410		Mailing Address 3801 PGA BLVD., STE 800 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business 222 Lakeview Avenue Suite, Apt. #, etc. 7th Floor		3. Mailing Address 222 Lakeview Avenue Suite, Apt. #, etc. 7th Floor	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33401	Country Palm Beach	Zip 33401	
Country Palm Beach		Country Palm Beach	
4. FEI Number 65-0804897		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROOSEVELT, WILLIAM D 3801 PGA BLVD., STE 800 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name 222 Lakeview Avenue, 7th Floor Street Address (P.O. Box Number is Not Acceptable) City West Palm Beach, FL Zip Code 33401	
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, the new agent. SIGNATURE  William D. Roosevelt, Pres. 3/27/2003 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reissuing) DATE			
FILED IN 150.00 After May 1, 2003, fees will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ROOSEVELT, WILLIAM D 3801 PGA BLVD., STE 800 PALM BEACH GARDENS, FL 33410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 222 Lakeview Avenue, 7th Floor West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 attached list of names, with a power of attorney.			
SIGNATURE:  William D. Roosevelt, Pres. 3/27/2003		561-615-5339	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)