

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G60843

1. Entity Name

COMPLETE YACHT SERVICES OF VERO BEACH, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90025 026 ***150.00

Principal Place of Business

Mailing Address

3599 E. INDIAN RIVER DRIVE
 VERO BEACH FL 32963
 US

3599 E. INDIAN RIVER DRIVE
 VERO BEACH FL 32963-1507
 US

2. Principal Place of Business

8525 N. US1

Suite, Apt. #, etc.

3. Mailing Address

8525 N. US1

Suite, Apt. #, etc.

City & State
 SEBASTIAN FL

Zip
 32976

Country
 USA

City & State
 SEBASTIAN FL

Zip
 32976

Country
 USA

4. FEI Number 59-2322304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HILLMAN, RAYMOND DOUGLAS
 3599 E. INDIAN RIVER DRIVE
 VERO BEACH FL 32963

NEW
 ADDRESS →

7. Name and Address of New Registered Agent

Name R. DOUGLAS HILLMAN

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

8525 N. US1

City SEBASTIAN

FL

Zip Code 32976

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

TITLE
 NAME PTD
 STREET ADDRESS HILLMAN, R. DOUGLAS
 CITY-ST-ZIP 3599 E. INDIAN RIVER DR.
 VERO BEACH FL

☐ Delete

NEW →

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS → 8525 N. US1
 CITY-ST-ZIP SEBASTIAN FL 32976

☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 301668-3029

Day

Daytime Phone #

CR2E034 (9/99)