

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90143 036 ***150.00

DOCUMENT # G78189

1. Entity Name
FLORIDA YACHT CHARTERS AND SALES, INC.



Principal Place of Business
**1290 5TH STREET
MIAMI BCH. FL 33139**

Mailing Address
**1290 5TH STREET
MIAMI BCH. FL 33139**

2. Principal Place of Business
1290 Fifth Street

3. Mailing Address
Suite, Apt. #, etc.

City & State
Miami Beach, FL 33139

City & State

4. FEI Number **59-2372118**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVERHARD, SUSAN W.
1281 S VENETIAN WAY
MIAMI FL 33139**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Susan W. Everhard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **DT / DV** ☐ Delete
NAME **EVERHARD, ROBERT**
STREET ADDRESS **1281 S VENETIAN WAY**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☒ Delete
NAME **WILLIAMS, RUSSELL F**
STREET ADDRESS **504 ALGOMA BLVD**
CITY-ST-ZIP **OSK KOSH WI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **WILLIAMS, JEANNETTE**
STREET ADDRESS **1416 MENOMINEE DR.**
CITY-ST-ZIP **OSHKOSH WI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **EVERHARD, SUSAN W.**
STREET ADDRESS **1281 S VENETIAN WAY**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

Susan W. Everhard
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

Date

(305) 532-8600

Daytime Phone #

CR2E034 (10/02)