2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver changed, or on an attachment w

SIGNATURE:

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Mar 12, 2001 8:00 am **DOCUMENT # H54631 Secretary of State** EXECUTIVE YACHT BROKERAGE, INC. 03-12-2001 90491 016 ***150.00 Principal Place of Business Mailing Address 400 ALICE AVENUE 400 ALICE AVENUE STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2527476 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLMES, TIMOTHY-E. Street Address (P.O. Box Number is Not Acceptable) 516 NE 6TH AVENUE 1208 SW OYER PT. **DEERFIELD BEACH FL 33441** Zip Code Palm 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change Addition)R2E034 (10/00 Delete HOLMES, TIMOTHY E. NAME NAME 1208 SW DYET PT. Rd STREET ADDRESS STREET ADDRESS 516 NE 6TH AVENUE palm city FL 34990 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOLMES, EARL H. NAME NAME STREET ADDRESS STREET ADDRESS 902 SE 10TH CT CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL TITLE ☐ Delete TITLE ☐ Addition HOLMES, DEBRA E. NAME NAME 1208 SW Dyer Pt Rd. STREET ADDRESS STREET_ADDRESS 516 NE 6TH AVENUE palm city CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied vindicated on this report of supplied report ith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information t 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 prowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if s, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR HOLMES 3/9/01 S6/691-2