

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90103 030 ***150.00

DOCUMENT # H58623

1. Entity Name
TARPON RIVER BOAT SHOP, INC.



Principal Place of Business
**102 NW SPANISH RIVER BLVD
SUITE 4
BOCA RATON FL 33431
US**

Mailing Address
**102 NW SPANISH RIVER BLVD
SUITE 4
BOCA RATON FL 33431
US**



2. Principal Place of Business

3. Mailing Address

611 Villa Cir.

Boynton Beach, FL 33435

☒ CHECK HERE IF MAKING CHANGES

**611 Villa Cir.
Boynton Beach, FL 33435**

City & State

4. FEI Number **59-2562247**

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

**TARAN, LARRY
102 NW SPANISH RIVER BLVD
SUITE 4
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address



**Larry Taran
611 Villa Cir.
Boynton Beach, FL 33435**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/03

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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP TARAN, LARRY 102 NW SPANISH RIVER BLVD #4 BOCA RATON FL 33431 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Larry Taran 611 Villa Cir. Boynton Beach, FL 33435 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/03 561 229-9351

CR2E034 (10/02)