Feb 07, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H65691 **DOCUMENT #**

Country

6. Name and Address of Current Registered Agent

1. Entity Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip



DEL REY YACHT WORKS, INC. Principal Place of Business Mailing Address 3511 NORTH LIBERTY ST 3511 NORTH LIBERTY ST JACKSONVILLE FL 32206 JACKSONVILLE FL 32206

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.



	☐ CHECK HERE IF	MAKI	NG C	HANGES	i
	4. FEI Number 59-2483352				
	5. Certificate of Status Desired			8.75 Ad	ditional
	7. Name and Address of New Re	gistere	d Ag	ent	
		-			
	P.O. Box Number is Not Acceptable)		Ν,		
				-1	
		F	Ľ	Zip Cod	e
		\$8.75 Additional Fee Required ddress of New Registered Agent s Not Acceptable) FL Zip Code in the State of Florida. I am familiar with, and accept DATE DATE 5.00 May Be			
•	when reinstating)	DATE	:		
	when reinstating)	DATE			
	9. Election Campaign Finar Trust Fund Contribution.	ncing			
	9. Election Campaign Final Trust Fund Contribution.	ncing		Ádded	to Fees
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FILED

02-07-2003 90090 008 ***150.00

3511 N. L	IY, TIMOTHY W. JBERTY ST. JVILLE FL 32206		Street Address (P.O. Box Number is Not Acceptable)						
			City		FL Zip Co	ode			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State			Election Campaign Financi Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND DIRECTO	PRS	11.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RASBEARY, TIMOTHY W. 1382 HARRISON POINT TRAIL FERNANDINA BEACH FL 32034	□ 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			
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TITLE

NAME

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NAME

Country

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:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PRINTED

☐ Delete

☐ Delete

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition