

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H78660**1. Entity Name
AMERICAN BOAT CARRIERS, INC.**FILED**
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90002 043 ***150.00

0471318

13501

Principal Place of Business

40100 RACHEL BLVD
ALACHUA FL 32615
US

Mailing Address

P.O. BOX 1570
ALACHUA FL 32615

2. Principal Place of Business

13501 Rachel Blvd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Alachua FL

City & State

4. FEI Number **59-2854766**

Applied For

Not Applicable

Zip

32615

Country

Zip

32616

Country

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

6. Name and Address of Current Registered Agent

BRANSON, TERRY M
491 EAST COUNTY ROAD 2054
ALACHUA FL 32615

7. Name and Address of New Registered Agent

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.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BRANSON, JESSE DAVID SR. ☐ Delete
1010 W. MADISON ST
LAKE CITY FL 32055TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
BRANSON, JOSEPH DAVID JR ☐ Delete
RT. 6 BOX 351
LAKE CITY FL 32025TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST ☐ Delete
BRANSON, MARY ALLISON
1010 W. MADISON ST
LAKE CITY FL 32055TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph D Branson **Joseph D. BRANSON**

Date

4-11-01

Daytime Phone #

904-462-1044

CR2E034 (10/00)