2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

FILED DOCUMENT # **J00117** Apr 24, 2000 8:00 am Secretary of State YACHTS OF LAUDERDALE INC. 04-24-2000 90061 044 ***150.00 Principal Place of Business Mailing Address 728 W CANAL-ST. 728-W-CANAL ST. P-O-BOX-942 P-0-BOX-942 NEW SMYRNA BCH. FL 32170-7942 NEW SMYRNA BCH. FL 32170-0942 2. Principal Place of Business 3. Mailing Address 825 INGHAM RO 825 Ingham K Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State Applied For City & State 4. FEI Number 59-2629369 lew Snurna Not Applicable EW SMURNA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 728 W CANAL-ST. 825 Ingham Rd NEW SMYRNA BCH. FL 32070 GEISELMAN, FRANK T. Street Address (P.O. Box Number is Not Acceptable) 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 (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE GEISELMAN, FRANK T. NAME NAME 825 InghamRd 728 W CANAL ST: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BCH. FL ☐ Change ☐ Addition TITLE NAME GEISELMAN, GALE NAME 799-W-CANAL-ST. 825 Ingham Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BCH. FL TITLE ~ [₹]: Change 1 Addition-TITLE NAME GEISELMAN, GREG NAME 720 W CANAL ST. 825 Ingham Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BCH. FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE GEISELMAN, RIXIE M. NAME NAME STREET ADDRESS 728.W.CANAL-ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BCH. FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-427-074