2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

% ROBIN S. CROWLEY

727 S. KROME AVENUE

HOMESTEAD FL 33030

DOCUMENT # J20808

1. Entity Name

Principal Place of Business

% ROBIN S. CROWLEY

727 S. KROME AVENUE

HOMESTEAD FL 33030

SMITTY'S BOAT TOP AND MARINE EQUIPMENT, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90255 006 ***150.00

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2. Principal Place of Business			3. Ma	3. Mailing Address				I INDIIID AIID IIAII BAIAI IBIII ABIDI NAII	0101 3 0 1011	#1841 #1841 # 1	ing ning inår		
Suite, Apt. #, etc.			Súit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				59-2718925	\rightarrow	plied For at Applicable			
Zìp	p Country		Zip	Zip		Country 5.		Certificate of Status Desired	8.75 Additional				
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
ASSA IF THE PROPERTY OF THE PARTY OF THE PAR							Name						
CROWLEY, WILLIAM P. J.						,							
727 S. KROME AVENUE						Street Address (P.O. Box Number is Not Acceptable)							
	AD FL 330	V *					······································						
HOMEOTE	J.D I E 000										"		
						City			FL	Zip Code	e		
8. The above	named entity	submits this statement f	or the purp	oose of changing its r	egister	ed office or i	registered age	ent, or both, in the State of Florida.	I am far	nillar with,	and accept		
the obligat	ions of registe	ered agent.			-								
nio ĝi atrios		* *											
SIGNATURE .	Signature, typed	or printed name of registered agen	and title if app	plicable. (NOTE:	Registere	d Agent signatur	e required when re	einstating)	DATE				
		! FEE IS \$150.00											
		3 Fee will be \$550.00						9. Election Campaign Financir			O May Be		
		Florida Department		1				Trust Fund Contribution.		Added	to Fees		
10.	,	OFFICERS AND	+)BS	11.		AD	 DITIONS/CHANGES TO OFFICER:	SANDE	IBECTOR:	3 IN 11		
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NAME	CROWLEY, WILLIAM P., JR.			L_I Delete		E					Lad Acordion		
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP	HOMESTEAD FL				-ST-ZIP								
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NAME	CROWLEY, ROBIN S.				NAM	E		_ , ,					
STREET ADDRESS	23701 S.W				STRE	ET ADDRESS							
CITY-ST-ZIP	HOMESTEAD FL				CITY	-ST-ZIP					J		
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CITY-ST-ZIP						-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 suppowered.

SIGNATURE:

4/18/03 Date

305-245-0229 Daytime Phone #