

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90370 022 ***150.00

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DOCUMENT # **J32193**

1. Entity Name
YACHTS ONLY, INC.



Principal Place of Business
1000 RIVER REACH DR
#512 101
FT. LAUDERDALE FL 33315
US

Mailing Address
1000 RIVER REACH DR
#512
FT. LAUDERDALE FL 33315
US
750 OLDE TOWNE LANE
MARIETTA, GA 30068



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2726511**

Applied For
Not Applicable

Zip Country

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POTTINGER, MARTIE
1000 RIVER REACH DR
FT. LAUDERDALE FL 33315
900 RIVER REACH DR
#101

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Martie Pottinger*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **DPOTTINGER, MARTIE**
STREET ADDRESS **1000 RIVER REACH DR #512 900 RIVER REACH DR**
CITY-ST-ZIP **FT LAUDERDALE FL 33335**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE **D**
NAME **POTTINGER, JOHN**
STREET ADDRESS **1000 RIVER REACH DR #512 1850 BEAR CREEK CIRCLE**
CITY-ST-ZIP **FT LAUDERDALE FL LONGWOOD, FL 32779**
☐ Delete

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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: *Martie Pottinger* **SIGNATURE REQUIRED** **POTTINGER** **4-20-03** **770-509-0848**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)