2000 UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2000 8:00 am Secretary of State **DOCUMENT # J57473** PACIFIC INTERNATIONAL YACHTS, INC. 04-20-2000 90026 018 ***150.00 Principal Place of Business Mailing Address 2210 S. FORNT ST., #101 2210 S. FORNT ST., #101 MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address eacon Lone Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2951462 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VERGE, WILLIAM G. 2210 S. FRONT STREET, SUITE 101 **MELBOURNE FL 32901** 8. The above named entity submits this statement for the purpose of changing its registered office or 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. ☐ Delete TITLE TITLE TDS NAME NAME VERGE, WILLIAM G. STREET ADDRESS STREET ADDRESS 2210 S. FRONT ST., #101 CITY-ST-ZIP CITY-ST-7/P MELBOURNE FL Delete TITLE TITLE NAME NAME SEITZ, JAMES R. STREET ADDRESS STREET ADDRESS 2210 S. FRONT ST., #101 CITY-ST-ZIP CITY-ST-7IP MELBOURNE FL ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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:

CITY-ST-ZIP

CITY-ST-ZIE