2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

J81865 DOCUMENT # 1. Entity Name



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90064 023 ***150.00

Principal Place of Business 40. S. ESERA INSTALL Sulfo, April 1, 900 2. Principal Place of Business Sulfo, April 1, 900 2. Principal Place of Business Sulfo, April 1, 900 2. Principal Place of Business Sulfo, April 1, 900 2. Principal Place of Business Sulfo, April 1, 900 2. Principal Place of Business Sulfo, April 1, 900 2. Principal Place of Business Sulfo, April 1, 900 2. Principal Place of Business Sulfo, April 1, 900 2. Sulfo, April 1, 900 2. Sulfo, April 1, 900 3. Mailing Address Sulfo, April 1, 900 3. Sulfo, Ap	JVC BOAT MANUFACTURING, INC.											
Suria, Apt. #, etc. Suria, Apt. #, etc. CHECK HERE IF MAKING CHANGES TOWA Stato COUNTY Zip Country Zip S. Contileate of Status Desired \$8.75 Additional Foot Registered Agent Name and Address of Current Registered Agent Name and Address of Current Registered Agent Name and Address of New Registered Agent Registered Agent Name and Address of New Registered Agent Registered Agent Name and Address of New Registered Agent Registered Agen	491 S FEDERAL HIGHWAY 1335 SE 16 ST POMPANO BEACH FL 33062 FT LAUDERDALE FL 33316											
City & State Country Country Country Country Size	2. Principal P	ing Address	Address									
Zip Country Zip Country Zip Country St. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Ad	Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
S. Carristance of Statute Desired Foe Propulsed Person Registered Agent Person R	City & State	e	City	City & State			4. FEI Numb	er 65-0004766				
CLAWGES, JOSEPH V 1719 S.E. 13TH STREET FT. LAUDERDALE FL 33316 City City FL City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL City FL Zip Code City FL Zip C	Zip	Country	Zip		Count	try	5. Certificate	e of Status Desired		8.75 Add	ditional	
CLAWGES, JOSEPH V 1719 S.E. 13TH STREET FT. LAUDERDALE FL 33316 City FL Zip Code 8. The above named entity submits this statoment for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Proceedings Proceedings Procedings Proc		6. Name and Address of Curren	t Registere	d Agent			7. Name and	Address of New Re	gistered Ag	ent		
Signature process (P.O. Box Nurriber is Not Acceptable) City FL Zip Code						Name					1	
TILE VIS LIGHT STREET TILE VIS CLAWGES, JOSEPH V. VITY STEET I LAUDERDALE FI. VITY STEET AUDERDALE FI. VITY STEET AUDERDALE FI. VITY STEET AUDERDALE FI. VITY STEET AUDERDALE FI. VITY ST. 220 CITY FL. City F	CLAWGES, JOSEPH V					Street Address (I	P.O. Box Numb	er is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE				· · · · · · · · · · · · · · · · · · ·								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent. SIGNATURE	ft. Laud	erdale fl 33316			ļ						ļ	
SIGNATURE Signature, Typed or prevent name of registered agent and idea if applicable. INOTE: Registered Agent signature required when remitating: DATE						City			FL	Zip Cod	e	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	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.											
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STRE	SIGNATURE Signature typed or pripled name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE											
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS TITLE UTS TITLE NAME STREET ADDRESS TITL AUDERDALE FL TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET												
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12. Thereby 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	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREE CITY-	T ADDRESS ST-ZIP						

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: