

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90241 049 ***150.00

DOCUMENT # K07011

1. Entity Name
BASSETT BOAT COMPANY



Principal Place of Business
**700 S. FEDERAL HIGHWAY
POMPANO BEACH FL 33062**

Mailing Address
**18167 U.S. 19 NORTH
STE. 499
CLEARWATER FL 33764**

20007902



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0627505**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
BASSETT, RICHARD R.
700 N.E. 79TH STREET
MIAMI FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
RUSSELL, ED
18167 US 19 NORTH, SUITE 499
CLEARWATER, FL 33764** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**O
DAVIS, DEBBIE A
700 S. FEDERAL HIGHWAY
POMPANO BEACH FL 33062** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WITTY, DAVID
18167 US 19 NORTH, SUITE 499
CLEARWATER, FL 33764** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
MCGILL, WILLIAM H
700 S. FEDERAL HIGHWAY
POMPANO BEACH FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HOULIARES, TOM
18167 US 19 NORTH, SUITE 499
CLEARWATER, FL 33764** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPAS
MCLAMB, MICHAEL H
700 SOUTH FEDERAL HIGHWAY
POMPANO BEACH FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASST SECRETARY
FRAHN, KURT
18167 US 19 NORTH, SUITE 499
CLEARWATER, FL 33764** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASST SECRETARY
EZZELL, JACK
18167 US 19 NORTH, SUITE 499
CLEARWATER, FL 33764** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

727-531-1700

Daytime Phone #

CR2E034 (10/02)