## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 20, 2000 8:00 am Secretary of State **DOCUMENT # K14151** 1. Entity Name CUSTOM BOAT TRANSPORTERS, INC. 04-20-2000 90021 050 \*\*\*150.00 Mailing Address Principal Place of Business 19889 SW 280 ST 19889 SW 280 ST HOMESTEAD FL 33031-3204 HOMESTEAD FL 33031 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0056739 Not Applicable Country Zip Country \$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 ---**BONURA, MARY** Street Address (P.O. Box Number is Not Acceptable) 19889 SW 280 STR HOMESTEAD FL 33031 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. 11. ☐ Addition TITLE Change TITLE Delete SCHMIDINGER, LAURA NAME NAME STREET ADDRESS STREET ADDRESS 19889 SW 280 STR CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33031 ☐ Change ☐ Addition ☐ Delete TITLE TITLE **BONURA, MARY** NAME NAME 19889 SW 280 STR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE RIOS, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 1564 NW 20TH STREET CITY-ST-ZIP CITY-ST-ZIP **HOMESTEAD FL 33031** Addition Change ☐ Delete TITLE TITLE RIOS, DEBORAH NAME NAME STREET ADDRESS STREET ADDRESS 1564 NW 20TH ST CITY-ST-ZIP CITY-ST-ZIP **HOMESTEAD FL 33030** TITLE Change Addition ☐ Delete 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mary Bonney Signing Officer or DIRECTOR

305-245-4524

Daytime Phone #