

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K49587

1. Entity Name
YACHT LINES, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90052 004 ***150.00

Principal Place of Business

% EARL S. POITEVENT, III
3326-2 LAKESHORE BOULEVARD
JACKSONVILLE FL 32210

Mailing Address

% EARL S. POITEVENT, III
3326-2 LAKESHORE BOULEVARD
JACKSONVILLE FL 32210

2. Principal Place of Business

4448 Ortega Forest Dr
Suite, Apt. #, etc.

3. Mailing Address

4448 Ortega Forest Dr
Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip
32210

Country

City & State

Jacksonville, FL

Zip
32210

Country

4. FEI Number 65-0095323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POITEVENT, EARL S., III
4575 ST. JOHNS AVE
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME ALLEN, NADIA N.
STREET ADDRESS 4448 ORTEGA FOREST DR.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE DST
NAME ALLEN, W. WALLACE III
STREET ADDRESS 4448 ORTEGA FOREST DR.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME ALLEN, WILLIAM W IV
STREET ADDRESS 4405 CHIPPEWA
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

904-387-9662

Date

Daytime Phone #

CR2E034 (10/00)