

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K68304

1. Entity Name

CUSTOM YACHTS, INC.

FILED

Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90083 017 ***150.00

Principal Place of Business

Mailing Address

SHIPWATCH CIR
FL 33602

P.O. BOX 3243
TAMPA FL 33601-3243
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2981381

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PICHOWSKI, JOHN J
1193 SHIPWATCH CIR
TAMPA FL 33602

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD PICHOWSKI, JOHN J. 17 DAVIS BLVD. STE 105 TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICHOWSKI, JOHN J. 1193 SHIPWATCH CIR. TAMPA, FL. 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
STD PICHOWSKI, KATHLEEN F. 17 DAVIS BLVD. STE 105 TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD. PICHOWSKI, KATHLEEN F. 1193 SHIPWATCH CIR. TAMPA, FL. 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
VD PICHOWSKI, JILL 17 DAVIS BLVD. STE 105 TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. PICHOWSKI, JILL 1193 SHIPWATCH CIR. TAMPA, FL. 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
VD PICHOWSKI, MARK 17 DAVIS BLVD. STE 105 TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICHOWSKI, MARK 1193 SHIPWATCH CIR. TAMPA, FL. 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information provided.

SIGNATURE:

John J. Pichowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

225-5640

Daytime Phone #

CR2E034 (9/99)