

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90056 030 ***150.00

DOCUMENT # K98837
 1. Entity Name
YACHTING ASSOCIATES, INC.

Principal Place of Business 1200 N ATLANTIC BLVD #PH703 FT. LAUD FL 33304 US	Mailing Address 1200 N ATLANTIC BLVD #703 FT. LAUD FL 33304 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1200 N.Ft.Lauderdale Bch.Blvd. Suite, Apt. #, etc. 703 City & State Ft Lauderdale, FL Zip 33304 Country USA	3. Mailing Address 1200N.Ft.Lauderdale Bch.Blvd. Suite, Apt. #, etc. 703 City & State Ft Lauderdale, FL Zip 33304 Country USA
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4. FEI Number 62-1398043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MATHIS, DONALD R.
 1200 N ATLANTIC BLVD
 #703
 FT. LAUD FL 33304

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 1200 N.Ft. Lauderdale Bch. Blvd.
 #703
 City Ft. Lauderdale FL Zip Code 33304

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 *Donald R. Mathis* DATE 4/28/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD DONALD R. MATHIS 1200 N ATLANTIC BLVD #703 FT. LAUD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOAN D. MATHIS 1200 N ATLANTIC BLVD #703 FT LAUDERDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 N.Ft.Lauderdale Bch. Blvd., #703 Ft. Lauderdale, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 N.Ft.Lauderdale Bch. Blvd.#703 Ft. Lauderdale, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donald R. Mathis* **Donald R. Mathis** DATE 4/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (954) 563-0767
Daytime Phone #

CR2E034 (9/01)