

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0022854 AF

DOCUMENT # L00000009557

1. Entity Name
FLYING DUTCHMAN MARINE SALES OF PALM HARBOR, LLC

01 APR 24 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2119 ALT. 19
PALM HARBOR FL 34683

Mailing Address
2119 ALT. 19
PALM HARBOR FL 34683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6400 GARLAND CT.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 843
Suite, Apt. #, etc.

City & State
New Port Richey FL

City & State
New Port Richey FL

Zip
34652

Country
USA

Zip
34656-0843

Country
USA

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
NASH, THOMAS C II
625 COURT STREET, SUITE 200
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
Name: Robert de Vries
Street Address (P.O. Box Number is Not Acceptable): 6400 GARLAND CT.
City: New Port Richey FL Zip Code: 34652

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: 04.19.2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004161950--3
-05/08/01--01058--022
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / SEC Robert de Vries 6400 GARLAND CT. NEW PORT RICH	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / SEC Robert de Vries 6400 GARLAND CT. NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Change <input checked="" 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
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DATE: 04.19.2001 DAYTIME PHONE #: 727.842.8420

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CFR2E083 (11/00)