

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90024 007 ****50.00

DOCUMENT # L02000019305

1. Entity Name

RHUMB LINE YACHT SALES, LLC



Principal Place of Business

**1751 S.W. COMMODORE PLACE
PALM CITY FL 34990**

Mailing Address

**1751 S.W. COMMODORE PLACE
PALM CITY FL 34990**

20024144

2. Principal Place of Business

452 SW SALERNO RD

3. Mailing Address

452 SW SALERNO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

STUART FL

City & State

STUART FL

4. FEI Number

38-3655310

Applied For

Not Applicable

Zip

34997

Country

MARTIN

Zip

34997

Country

MARTIN

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRECHBILL, MARK E CPA
215 SOUTH FEDERAL HIGHWAY, SUITE 100
STUART FL 34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete
NAME **RICHARD TUSCHICK**
STREET ADDRESS **1751 SW COMMODORE PLACE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **CAROL TUSCHICK**
STREET ADDRESS **1751 SW COMMODORE PLACE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

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

RICHARD TUSCHICK

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

1/30/03

Date

772-486-2250

Daytime Phone #

CR2E083 (10/02)