

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L35183**

1. Entity Name

**CHANGES IN ATTITUDE BOAT RENTALS, INC.**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90055 021 \*\*\*150.00

Principal Place of Business

**SUNSET HARBOR MARINA**  
**1900 SUNSET HARBOR DR #B-51**  
**MIAMI BEACH FL 33139**  
**US**

Mailing Address

**1402 KENNEDY CAUSEWAY**  
**SUITE 2B**  
**NORTH BAY VILLAGE FL 33141**  
**US**

2. Principal Place of Business

3. Mailing Address

*1900 Sunset Harbor Dr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite #5*

City & State

City & State

*Miami Beach Florida*

Zip

Country

Zip

Country

*33139*

*USA US*

4. FEI Number

**65-0167468**

Applied For

Not Applicable

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

**NESBITT, DOUGLES**  
**1402 KENNEDY CSWY**  
**#213**  
**N BAY VILLAGE FL 33141**

Name

*Nesbitt Douglas*

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

*1900 Sunset Harbor Dr Suite #5*

City

*Miami Beach*

**FL**

Zip Code

*33139*

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

*Douglas F Nesbitt*

*25 April*

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PS**  
STREET ADDRESS **NESBITT, DOUGLES**  
CITY-ST-ZIP **1402 KENNEDY CAUSEWAY #213**  
**N BAY VILLAGE FL 33141**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Douglas F Nesbitt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 25, 2000* *305-975-8117*  
Date Daytime Phone #

CR2E034 19/99