2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State L36256 DOCUMENT # 1. Entity Name 05-13-2002 90127 018 ***150.00 TMW YACHT SALES, INC. Principal Place of Business Mailing Address % ROBB R. MAASS. ESO. TUUUUUI % ROBB R. MAASS. ESQ. 321 ROYAL POINCIANA PLAZA 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0170409 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAASS, ROBB R., ESQ. Street Address (P.O. Box Number is Not Acceptable) 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 Zip Code City Fl 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Addition Change TITLE ☐ Delete TITLE WHEELER, THOMAS M. NAME NAME STREET ADDRESS 801 W. BIG BEAVE RD., STE. 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TROY MI **VPT** ☐ Delete Change ☐ Addition TITLE NAME NAME OSTER, PAUL STREET ADDRESS STREET ADDRESS 801 W. BIG BEAVER RD., STE. 201 CITY-ST-ZIP CITY-ST-ZIP TROY MI Change Addition ☐ Delete TITLE TITLE NAME NAME SOIFER, DOUGLAS S. STREET ADDRESS STREET ADDRESS 801 W. BIG BEAVER RD., STE. 201 CITY-ST-ZIP CITY-ST-ZIP Troy Mi TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TIT! F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ent with an address, with all other like empowered.

SIGNATURE:

FILED