

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001915

1. Entity Name

U-TOW-IT JET SKI RENTAL, L.L.C.

FILED

01 JAN 29 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

500 SW 21 TERRACE, SUITE A-100
FORT LAUDERDALE FL 33312

Mailing Address

500 SW 21 TERRACE, SUITE A-100
FORT LAUDERDALE FL 33312

2. Principal Place of Business

1539 SW 21st AVE

3. Mailing Address

1539 SW 21st AVE

*Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Lauderdale

City & State

Fort Lauderdale

Zip

33312

Country

Broward

Zip

33312

Country

Broward

4. FEI Number

65-0877152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, DARRYL
4820 N.W. 65TH AVENUE
LAUDERHILL FL 33319

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGRM JOHNSTON, DARRYL
STREET ADDRESS 8360 WEST FLAGLER, SUITE 200
CITY-ST-ZIP MIAMI FL 33144

TITLE NAME ☐ Delete
MGRM JOHNSTON, LYLE
STREET ADDRESS 8360 WEST FLAGLER, SUITE 200
CITY-ST-ZIP MIAMI FL 33144

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
100003631981--1
-02/05/01--01009--002
*****50.00 *****50.00

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

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

Date

Daytime Phone #

1/23/01 954-797-5223

CR2E083 (11/00)