

2001 UNIFORM BUSINESS REPORT (UBR)

01/29

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



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.

DO NOT WRITE IN THIS SPACE

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 _____ **DATE** _____
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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSTON, DARRYL 8360 WEST FLAGLER, SUITE 200 MIAMI FL 33144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSTON, LYLE 8360 WEST FLAGLER, SUITE 200 MIAMI FL 33144 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003631981--1 -02/05/01--01009--002 *****50.00 *****50.00
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
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/01 954-797-5223
Date Daytime Phone #

CR2E083 (11/00)