2001 UNIFORM BUSINESS REPORT (UBR)

200	I UNIFORM BUS	NESS REPO	KI	(OR	K)		FILED			
DOCUMENT # L9800003041 1. Entity Name						01 APR 23 PM 2: 42				
SOUTHERN BOAT EQUIPMENT, L.L.C.						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
					ŀ		TALLAHASSEE, F	STATE LORIDA		
Principal Place of Business Mailing Address								-0111074		
1071 ASPRI WAY 1071 ASPRI WAY					•					
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS F				L 33418						
2 Principal F	Place of Business	2 Mailing Address								
2. Principal Place of Business 3. Mailing Address							1 1001 1011 1011	14 BRIÓR HEIN GRINS	E188(E1 1881	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State			. "	4. FEI N	Number 65-1079504 -59-3545431		oplied For ot Applicable	
Zip	Country	Zip	Countr	ry 	5. Ceri		ficate of Status Desired	\$5.00 Add Fee Require		
Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent ame					
FAIRBANKS, RANDAL C				Street Address (P.O. Box Number is Not Acceptable)						
	TE VEDRA PARK DRIVE, SUITE 2	00	·							
PONTE V	EDRA BEACH FL 32082		-	0:1:				1 7:- 0-4		
				City			F	Zip Cod	e 	
3. The above	named entity submits this statement f	or the purpose of changing its i	registered	d office or	r registered	agent,	or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	: Registered	Agent signati	ure required whe	en reinstati	ng) DATE			
/		EU E NO	WA/111 E	EE IC ¢	FO 00			•		
, , , , , , , , , , , , , , , , , , , ,		FILE NO Make Check Pay				tate			•	
9.	/ MANAGING MEME	BERS/MEMBERS	10.				ADDITIONS/CHANGE	S		
TITLE	MGRM	☐ Delete	TITLE	• •	-14	,	300004137	Change	Addition	
NAME STREET ADDRESS	MARDALL, JOHN C		NAME	r address	· · · · · ·		-05/04/010	ນໄດ້92ດ		
CITY-ST-ZIP	1071 ASPRI WAY PALM BEACH FL 33418		CiTY-S		.11		*****50.00	****5	0.00	
ITLE		☐ Delete	TITLE					Change	☐ Addition	
IAME	MGRM Mardall, Margaret D		NAME				•			
STREET ADDRESS	1071 ASPRI WAY			ADDRESS						
CITY-ST-ZIP	PALM BEACH FL 33418	Пан.	CITY-S					C Change	Addition .	
ITLE	.	Delete	- TITLE NAME					☐ Change	☐ Addition	
TREET ADDRESS			, STREET	T ADDRESS						
CITY-ST-ZIP			CITY-S	ST-ZIP						
ITLE		☐ Delete	TITLE	İ				Change	Addition	
IAME Treet address			NAME STREET	ADDRESS	•					
ITY-ST-ZIP			CITY-S	ST-ZIP			•			
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AME			NAME	ADDDCCC						
TREET ADDRESS			CITY-S	ADDRESS T-ZIP					j	
ITLE		☐ Delete	TITLE	·				☐ Change	☐ Addition	
AME			NAME							
TREET ADDRESS			1	ADDRESS	* -					
ITY-ST-ZIP	- Albert - Albert - Colores - Colore		CITY-S							
indicated (ertify that the information supplied with on this report is true and accurate and oility company or the receiver or thiste	that my signature shall have th	ne same l	egal effec	ct as if mad	e under	oath: that I am a managing memb	rtify that the in er or manager	normation r of the	

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date