## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 13, 2002 8:00 am 3 DOCUMENT # M0100000850 **Secretary of State** 03-13-2002 90099 026 \*\*\*\*50.00 JOLLY MON BOAT COMPANY, LLC Principal Place of Business Mailing Address 201 NORTH MILL STREET. SUITE 106 201 NORTH MILL STREET, SUITE 106 B0042625 ASPEN: CO 81611 **ASPEN CO 81611** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 84-1576767 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLORIDA YACHT CHARTERS Street Address (P.O. Box Number is Not Acceptable) 830 EATON STREET KEY WEST FL 33040 City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. CR2E083 (9/01) [ ] Change ☐ Addition MGR ☐ Delete TITLE TITLE NAME WRIGHT, GARY A NAME STREET ADDRESS STREET ADDRESS 201 NORTH MILL STREET, SUITE 106 CITY-ST-ZIP CITY-ST-ZIP **ASPEN CO 81611** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

NA Gary A. Wright Manager 26 February 2002 (970) 925-5625 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

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.