

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M60140

1. Entity Name

CONCH YACHT COMPANY, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90099 019 ***150.00

Principal Place of Business

Mailing Address

BUD AND MARYS MARINA
114 TONER LANE, PLANTATION KEY
ISLAMORADA FL 33036
US

PO BOX 972
ISLAMORADA FL 33036-0972
US

2. Principal Place of Business

3. Mailing Address

85 SEMINOLE BLVD.

Suite, Apt. #, etc.

TAVERNIER, FL

City & State

4. FEI Number

65-0019684

Applied For

Not Applicable

Zip
33070

Country
US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPT TED D'ESPOSITO
85 SEMINOLE BLVD
PLANTATION KEY
TAVERNIER FL 33070

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

Capt Ted D'Esposito

CAPT. TED D'ESPOSITO

01-04-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LODGE, ROBERT J. 15400 NW 34TH AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, BRUCE A. 980 NE 126TH ST. MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ESPOSITO, TED CAPT 85 SEMINOLE BLVD TAVERNIER FL 33070	<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"/> 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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Capt Ted D'Esposito

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAPT. TED D'ESPOSITO

1-4-00 305 852-9615

Date

Daytime Phone #

CR2F034 (9/99)