

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90078 015 \*\*\*150.00

0176205 AV

DOCUMENT # M60140

1. Entity Name  
CONCH YACHT COMPANY, INC.



Principal Place of Business

~~85 SEMINOLE BLVD~~  
~~TAVERNIER FL 33070~~  
US

Mailing Address

PO BOX 972  
ISLAMORADA FL 33036  
US



2. Principal Place of Business

87900 Old Highway  
Suite, Apt. #, etc.  
ISLAMORADA, FL  
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0019684

Applied For  
Not Applicable

Zip 33036 Country USA

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
87900 Old Highway  
City ISLAMORADA FL Zip Code 33036

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Capt Ted D'Esposito*  
Signature, typed or printed name of registered agent and applicable.

(NOTE: Registered Agent signature required when reinstating)

03-1-03

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund, Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	87900 Old Highway	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ted D'Esposito*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-1-03

Date

Daytime Phone #

CR2E034 (10/02)