## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2000 8:00 am **DOCUMENT # M79478** 1. Entity Name Secretary of State EAST-WEST YACHTS, INC. 05-01-2000 90408 003 \*\*\*150.00 Principal Place of Business Mailing Address % MANFRED L. WILLICH % MANFRED L. WILLICH 10 AVENUE A. FT. PIERCE YACHTING CENTER 10 AVENUE A. FT. PIERCE YACHTING CENTER FT. PIERCE FL 34950 FT. PIERCE FL 34950 2. Principal Place of Business 3. Mailing Address trenue Arenue Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Pietce Yachting Ff. Pierce Yachting Center Center City & State 4. FEI Number Applied For City & State 65-0046699 Fort Pierce Tort Pierce TLQ FLQ. Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired S4. 34950 St. Lucie 34950 Lucie Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Willich mansed Street Address (P.O. Box Number is Not Adceptable) WILLICH, MANFRED L. 10 AVENUE A FT. PIERCE YACHTING CENTER Vachti FT. PIERCE FL 34950 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition TITLE ☐ Delete TITLE . Willich WILLICH, MANFRED L. NAME NAME STREET ADDRESS STREET ADDRESS 10 AVENUE A oot Pieice Fla. 34950 CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL 34950 Change ☐ Addition Delete TITLE TITLE WILLICH, BETTY H. NAME NAME STREET ADDRESS STREET ADDRESS 10 AVENUE A CITY-ST-7IP CITY-ST-ZIP Fort Preice FT. PIERCE FL 34950 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADORESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITI F

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4-12-2000

Daytime Phone #

Change

Change

□ Addition

☐ Addition