

FILED

Jun 06, 2001 8:00 am
Secretary of State

05-15-2001 90101 032 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000714

1. Entity Name

BOAT-A-BOUTS, INC.

Principal Place of Business

5227 SEMINOLE CT.
CAPE CORAL FL 33904

Mailing Address

5227 SEMINOLE CT.
CAPE CORAL FL 33904

48145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Cape Coral, FL

Zip

Country

Zip
33904

Country

USA

4. FEI Number

65-0980592

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, ABRAHAM
5202 SANDS BLVD.
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

Marguerite L. Morin

Street Address (P.O. Box Number is Not Acceptable)

5607 Deauville Court

City

Cape Coral

FL

Zip Code

33904

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 *Marguerite L. Morin, Auditor*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/2001
DATEFILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	Commodore	☒ Delete
NAME	Lynne F. Manley D	
STREET ADDRESS	5227 Seminole Court	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	Vice Commodore	☒ Delete
NAME	Ann Brown R. Mace	
STREET ADDRESS	5605 SW 12th Place	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	Purser	☒ Delete
NAME	Ken Kostika D	
STREET ADDRESS	2801 SE 10th Ave	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	Secty.	☒ Delete
NAME	Lola Kostika	
STREET ADDRESS	2801 SE 10th Ave	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Commodore	☒ Change ☐ Addition
NAME	Joseph Capuzzo D	
STREET ADDRESS	5341 Malibu Court	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	VICE COMMODORE	☒ Change ☐ Addition
NAME	Tom Remye Remye D	
STREET ADDRESS	1997 1904 SE 35th St.	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	Purser	☒ Change ☐ Addition
NAME	Mary Anne Quintard D	
STREET ADDRESS	2516 SE 25th Ave	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	Secty.	☒ Change ☐ Addition
NAME	Theresa Paradiso	
STREET ADDRESS	403 SE 28th Terrace	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 617, 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:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR
Mary Anne Quintard, Purser04-30-01 941-772-7858
Date Daytime Phone #

CR2E037 (10/00)