

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90096 026 ****61.25

DOCUMENT # N00000000714

1. Entity Name

BOAT-A-BOUTS, INC.

Principal Place of Business 5607 DEAVILLE COURT CAPE CORAL FL 33904	Mailing Address 5607 DEAVILLE COURT CAPE CORAL FL 33904 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0980592		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MORIN, MARQUERITE L 5607 DEAVILLE COURT CAPE CORAL FL 33914				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 *M. L. Morin* (NOTE: Registered Agent signature required when reinstating) DATE *3/23/02*

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPUOZZO, JOSEPH			NAME			
STREET ADDRESS	5341 MALALUKA COURT			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904			CITY-ST-ZIP			
TITLE	VCD	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENYE, TOM			NAME	Kenneth Kostika		
STREET ADDRESS	1904 SE 35TH ST.			STREET ADDRESS	2801 S.E 10th Ave		
CITY-ST-ZIP	CAPE CORAL FL 33904			CITY-ST-ZIP	Cape Coral, FL 33904		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINTARD, MARY ANNE			NAME	Edie Brosig		
STREET ADDRESS	2511 SE 25TH AVE.			STREET ADDRESS	4096 S.W. 13th Ave Unit 906		
CITY-ST-ZIP	CAPE CORAL FL 33904			CITY-ST-ZIP	Cape Coral FL 33904		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARDISO, THERESA			NAME	KATHY BOOS		
STREET ADDRESS	403 SE 28TH TERRACE			STREET ADDRESS	3920 SE 19th Ave		
CITY-ST-ZIP	CAPE CORAL FL 33904			CITY-ST-ZIP	Cape Coral FL 33904		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Joseph Capuzzo* DATE: *3/23/02*

CR2E037 (9/01)