

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90049 006 \*\*\*\*61.25

**DOCUMENT # N00000000714**

1. Entity Name

**BOAT-A-BOUTS, INC.**



Principal Place of Business

**5607 DEAUVILLE COURT  
CAPE CORAL FL 33904  
US**

Mailing Address

**5607 DEAUVILLE COURT  
CAPE CORAL FL 33904  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**MORIN, MARQUERITE L  
5607 DEAUVILLE COURT  
CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name

*Morin, Marquerite L.*

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

SIGNATURE

*Marquerite L. Morin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/30/03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☒ Delete  
NAME **CAPUOZZO, JOSEPH**  
STREET ADDRESS **5341 MALALUKA COURT**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VCD** ☒ Delete  
NAME **KOSTIHO, KENNETH**  
STREET ADDRESS **2821 SE 10TH AVENUE**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **PD** ☐ Delete  
NAME **BROSIG, EDIE**  
STREET ADDRESS **4026 SE 12TH AVE UNIT 206**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **S** ☒ Delete  
NAME **BOOS, KATHY**  
STREET ADDRESS **3930 SE 19TH 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 **CD** ☒ Change ☐ Addition  
NAME **Kenneth Kostiho**  
STREET ADDRESS **2821 S.E. 10th Ave**  
CITY-ST-ZIP **Cape Coral Fl. 33904**

TITLE **VCD** ☒ Change ☐ Addition  
NAME **Donald Johnson**  
STREET ADDRESS **1616 S.E. 40th St**  
CITY-ST-ZIP **Cape Coral Fl. 33904**

TITLE **SEC** ☒ Change ☐ Addition  
NAME **SHELLEY SERAVALLI**  
STREET ADDRESS **5227 SW 3RD AVE**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Kenneth Kostiho*

*1/30/03 239-458-9783*

CR2E037 (10/02)