

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90477 013 \*\*\*\*61.25

**DOCUMENT # N44886**

1. Entity Name

**FLOTILLA TWO, INC.**



Principal Place of Business

**601 SEABREEZE BLVD.  
FT LAUDERDALE FL 33316**

Mailing Address

**601 SEABREEZE BLVD.  
FT LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0097933**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAZZARD, NORSE N  
4401 WEST TRADEWINDS AVENUE  
SUITE 207  
FORT LAUDERDALE FL 33308**

Name **BLAZZARD, NORSE N**

Street Address (P.O. Box Number is Not Acceptable)  
**3070 NE 40th ST.**

City **FT LAUDERDALE**

**FL**

Zip Code **33308**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **CARSTEN, HOWARD C.**  
STREET ADDRESS **601 SEABREEZE BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **D** ☐ Change ☒ Addition  
NAME **HESSER, LOIS ANNE**  
STREET ADDRESS **601 SEABREEZE BLVD**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33316**

TITLE **VPD** ☐ Delete  
NAME **TAYLOR, COLIN**  
STREET ADDRESS **601 SEABREEZE BLVD.**  
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **D** ☐ Change ☒ Addition  
NAME **PENTECOST JACQUELINE**  
STREET ADDRESS **601 SEABREEZE BLVD**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE **SD** ☐ Delete  
NAME **BLAZZARD, NORSE N**  
STREET ADDRESS **601 SEABREEZE BLVD.**  
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **D** ☐ Change ☒ Addition  
NAME **BOB BEKOFF**  
STREET ADDRESS **601 Seabreeze Blvd**  
CITY-ST-ZIP **FT. Lauderdale, FL 33316**

TITLE **TD** ☒ Delete  
NAME **RUNGO, JOHN**  
STREET ADDRESS **601 SEABREEZE BLVD.**  
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **D** ☐ Change ☒ Addition  
NAME **BOON, HALDEN L.**  
STREET ADDRESS **601 Seabreeze Blvd**  
CITY-ST-ZIP **FT. Lauderdale, FL 33308**

TITLE **D** ☒ Delete  
NAME **SMART, CECIL**  
STREET ADDRESS **601 SEABREEZE BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

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

TITLE **D** ☒ Delete  
NAME **EVANS, WARREN J**  
STREET ADDRESS **601 SEABREEZE BLVD.**  
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

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:

**NORSE N. BLAZZARD, Secretary 2-27-03**

CR2E037 (10/02)