

**2001 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P00000000726</b>					
1. Entity Name <b>YACHTDIRECT INC.</b>					
Principal Place of Business <b>2824 NE 25TH CT. FT. LAUDERDALE FL 33305</b>			Mailing Address <b>2824 NE 25TH CT. FT. LAUDERDALE FL 33305</b>		
2. Principal Place of Business <b>2824 NE 25 CT</b>			3. Mailing Address <b>SAME</b>		
City & State <b>FT LAUDERDALE FL</b>			City & State <b>FT LAUDERDALE FL</b>		
Zip <b>33305</b>		Country		Country	
4. Name and Address of Current Registered Agent <b>D'AMBRA, MICHAEL 1851 NW 107TH AVENUE PLANTATION FL 33322</b>				7. Name and Address of New Registered Agent <b>D'AMBRA MICHAEL 2824 NE 25 CT FT LAUDERDALE FL 33305</b>	
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.  <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE </div> <div><b>President</b></div> <div><b>9/2/01</b></div> </div> <p style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</p>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>D'AMBRA Pres, Sec, Treas</del> <input type="checkbox"/> Delete D'AMBRA, MICHAEL 2824 NE 25 CT</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FT LAUDERDALE FL <input type="checkbox"/> Delete 33305</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NO OTHER OFFICERS</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 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.

**SIGNATURE: President 9/2/01 9544395001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
01 SEP 28 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)