2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address 508 INLET RD.

NORTH PALM BEACH FL 33408

P0000001897 **DOCUMENT #**

1. Entity Name

508 INLET RD.

B & S YACHT SALES INC.

Principal Place of Business

NORTH PALM BEACH FL 33408



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90145 012 ***150.00

Principal Place of Business 3. Mailing Address			1111
Suite, Apt. #, etc. Suite, Apt. #, etc.	way		
Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
Polm Beach Gorden's, Fl. Polm Beach	Goden's Fl	4. FEI Number 65-0970434 Applied F Not Applied	
33410 Country 33416	Country US Y	5. Certificate of Status Desired See Required Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent			
WEAVER, BRIAN A Street Address (P.O. Box Number is Not Acceptable)			
NORTH PALM BEACH FL 33408			
	° Pam	Beach Gorden's FL 33410	
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 13003			
Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DATE	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee	
Make Check Payable to Florida Department of State	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10. OFFICERS AND DIRECTORS IIILE P Delete	TITLE		
NAME WEAVER, BRIAN A	NAME		noitibb CR2E034 (10/02
STREET ADDRESS 508 INLET RD. CITY-ST-ZIP NORTH PALM BEACH FL 33408	STREET ADDRESS		38
TITLE Delete	CITY-ST-ZIP TITLE	☐ Change ☐ A	ddition H
NAME Brian A. WEOVER	NAME	Change An	5
STREET ADDRESS 1000 KCC WO-1	STREET ADDRESS		
CITY-ST-ZIP Palm Beach Gordens, Fl. 33410	CITY-ST-ZIP		
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	.	ection 119 07(3)(i). Florida Statutes. I further certify that the informa-	tion
12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
PAINT OF MACHINE			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytime Phone #			