

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90612 001 ***600.00

DOCUMENT # 900000010504
 1. Entity Name
Ted's Boatlifts Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 3290 SW 50th Ave
 Suite, Apt. #, etc.
 3. Mailing Address 4613 N. University Dr
 Suite, Apt. #, etc. PMB 275

40805

DO NOT WRITE IN THIS SPACE

City & State Ft. Lauderdale Fl. City & State Coral Springs Fl.
 Zip 33314 Country Broward Zip 33067 Country Broward

4. FEI Number Applied For
 Not Applicable

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
 Name David E Graham
 Street Address (P.O. Box Number is Not Acceptable) 3290 SW 50th Ave
 City Ft. Lauderdale **FL** Zip Code 33314

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 David E Graham DATE 4/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President-Director</u> <u>David E Graham</u> <u>3290 SW 50th Ave</u> <u>Ft Lauderdale, Fl. 33314</u>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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 I am empowered.

SIGNATURE: David E Graham DATE 4/21/01 (954) 227-3061
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (11/00)