

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90287 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020983

1. Entity Name

R2 BOATS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6830 NE JACKSONVILLE RD

3. Mailing Address
6830 NE JACKSONVILLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OCALA FL

City & State
OCALA FL

4. FEI Number 65-0986532

Applied For
Not Applicable

Zip
34479

Country
USA

Zip
OCALA FL

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RALPH NICHOLS

Street Address (P.O. Box Number is Not Acceptable)

6830 NE JACKSONVILLE RD

City Ocala

FL

Zip Code
34479

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PVT	NICHOLS, RALPH	6830 NE JACKSONVILLE RD	OCALA FL 34479
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-463

Date

352-732-632

Daytime Phone #

CR2E034B (12/02)

attachment

IN HOME TAX SERVICE, INC
206 S SPRING GARDEN AVE
DELAND FL 32720
386 736 8752
Fax 386 738 5943

86137513
#P00000020983

<http://www.http.inhometaxservice.com>
email: Winston@inhometaxservice.com

July 29, 2003

RE: R2 Boats Inc.

Dear Sir or Madam:

Enclosed please find a check for \$150.00 and the annual report for R2 Boats, Inc. They did not receive the annual report this year.

Since dissolved corporations do not receive current renewals, we suspect that one was not mailed out as they had previously been dissolved and only were reinstated on December 31, 2002 and thus perhaps missed the mail out dead line

SINCERELY,

Winston Weilheimer

WINSTON WEILHEIMER
PRESIDENT
IN HOME TAX SERVICE, INC.