

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90008 030 ***550.00

DOCUMENT # P00000024220

1. Entity Name
EURO YACHTS, INC.

Principal Place of Business

**850 N.E. 3RD STREET, SUITE 208
 DANIA FL 33004**

Mailing Address

**850 N.E. 3RD STREET, SUITE 208
 DANIA FL 33004**

2. Principal Place of Business

801 NE 3rd STREET

3. Mailing Address

801 N.E. 3rd ST.

Suite, Apt. #, etc.

DOCK C

Suite, Apt. #, etc.

DOCK C

City & State

DANIA FL 33004

City & State

DANIA.

Zip

33004

Country

USA

Zip

FL 33004

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1014800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WORSNOP, KEVIN
 21514 CAMPA ALLEGRO
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **KEVIN WORSNOP.**

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

801 NE 3rd ST.

DOCK "C."

City

DANIA

FL

Zip Code

33004

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
 NAME **KEVIN WORSNOP**
 STREET ADDRESS **801 NE 3rd ST. DOCK C**
 CITY-ST-ZIP **DANIA FL 33004**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)