

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90093 039 \*\*\*150.00

DOCUMENT # P00000024925  
 1. Entity Name  
~~LENNY GIAMPETRO, INC.~~ **YACHT CONSULTANTS**

Principal Place of Business Mailing Address  
~~9721 ARBOR OAKS LANE, #241~~ **781 ST. ALBANS DR.**  
~~BOCA RATON FL 33428~~ **BOCA RATON, FL 33486**

2. Principal Place of Business 3. Mailing Address  
**781 ST. ALBANS DR.** **781 ST. ALBANS DR.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State  
**BOCA RATON FL** **BOCA RATON FL**  
 Zip Country Zip Country  
**33486** **33486**

4. FEI Number Applied For  
**65-098-9994** Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GIAMPETRO, LENNY**  
~~9721 ARBOR OAKS LANE, #241~~  
~~BOCA RATON FL 33428~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**781 ST. ALBANS DR.**  
 City **BOCA RATON** FL Zip Code **33486**

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 **LENNY GIAMPETRO** *Lenny Giampetro* **01/11/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 \$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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GIAMPETRO, LENNY</b>	
STREET ADDRESS	<del>9721 ARBOR OAKS LANE, #241</del>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>781 ST. ALBANS DR.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Lenny Giampetro* **01/11/01** **954 698 5095**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)