

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026653

Entity Name
DAVID M. ARNDT CHARTER BOAT, INC.



FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90076 050 ***150.00

Principal Place of Business
1320 TIDAL PT. BLVD.
DOCK C-11
JUPITER FL 33477

Mailing Address
208 US HWY ONE N
SUITE #2
JUPITER FL 33469

Changed



2. Principal Place of Business

1320 Tidal Pt. Blvd

Suite, Apt. #, etc.

Dock C-11

City & State
Jupiter, FL

Zip
33477

Country
USA

3. Mailing Address

1734 SW Boatswain Place

Suite, Apt. #, etc.

City & State
Palm City, FL

Zip
34990

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0610291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, THOMAS I
7884 S E SPICEWOOD CIRCLE
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name *Green, Thomas I*

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

7884 SE Spicewood Circle

Hobe Sound

FL

Zip Code
33455

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	P ARNDT, DAVID M 208 US HWY ONE N STE #2 JUPITER FL 33469	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARNDT, AMY J 208 US HWY ONE N STE #2 JUPITER FL 33469	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

Change address

Change address

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arndt, David 1734 SW Boatswain Place Palm City, FL 34990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arndt, Amy 1734 SW Boatswain Place Palm City, FL 34990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 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

2-3-03

5612627487

Date

Daytime Phone #

CR2E034 (10/02)