


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

02-06-2003 90076 050 ***150.00

DOCUMENT # P0000026653

Entity Name
DAVID M. ARNDT CHARTER BOAT, INC.



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

3. Mailing Address
1734 SW Boatswain Place
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Jupiter, FL

City & State
Palm City, FL

4. FEI Number **65-0610291**

Applied For
 Not Applicable

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

Zip **33477** Country **USA** Zip **34990** Country **USA**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **2-3-03** Daytime Phone # **5612627487**

CR2E034 (10/02)