UNIFORM BUSINE	SS REPORT	T (UBR)	
DOCUMENT # <b>P0000030854</b>			FILED
1. Entity Name EPPLE YACHT COMPANY			03 OCT -9 AM 10: 25
Principal Place of Business 423 CLEVELAND STREET	Mailing Address 423 CLEVELAND STREET CLEARWATER FL 33755		SECRETARY OF STATE FALLAHASSEE FLORIDA
CLEARWATER FL 33755	•		
2. Principal Place of Business 100 lierce Street	3. Mailing Address Pier	ce Street	benefit verein it of
Suite, Apt. #, etc. Suite 708	Suite, Apt. #, etc. 70	8	CHECK HERE IF MAKING CHANGES
City & State Clearwater, FL	City & State	ter FC	4. FEI Number 59-3634010 Applied For Not Applicable
Zip 33755 Country	Zio 33755	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current F			7. Name and Address of New Registered Agent
		Name = 7	PLE, JURGEN
EPPLE, JURGEN			(P.O. Box Number is Not Acceptable)
423 CLEVELAND STREET CLEARWATER FL 33755		100	Pierce Street
OLLANDALENTE GOTGO			
			ruaker FL Zipsode 755
<ol><li>The above named entity submits this statement for the obligations of registered agent.</li></ol>	the purpose of changing its re	gistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	nd title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating) DATE
FILE NOW!!! FEE IS \$550.00			
After September 10, 2003 Fee will be \$750. Make Check Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10. OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME EPPLE, JURGEN	☐ Delete	TITLE 1	PRIE 1. 3.5. Addition
NAME EPPLE, JURGEN STREET ADDRESS 423-CLEVELAND-STREET		NAME ====================================	PPIE JURGEN  OO Pierce Street
CITY-ST-ZIP CLEADWATER FL 33755	•	CITY-ST-ZIP	Learwater FL 33755
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	1000236 <b>74301</b> 10/03/0301074018 **750.00
STREET ADDRESS   CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	10/03/0301074018 **750.00
TITLE.	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		-NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
OTT OF EIL		CITY-ST-ZIP	
TITLE	☐ B	TITLE	
TITLE NAME	☐ Delete	TITLE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

12. I hereby certify that the information subplied 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

27 Sept. 2003 727-4499307

☐ Change

☐ Change

Addition

Addition