

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90028 019 ***150.00

A0055035

DO NOT WRITE IN THIS SPACE

DOCUMENT # **FOOOOOO39932**

1. Entity Name
DEAR Boat INC.

Principal Place of Business

Mailing Address

2033 EAST Hillsboro BLV #4
DEERFIELD BEACH, FL 33441

2. Principal Place of Business

3. Mailing Address

2033E Hillsboro BLV

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

City & State
DEERFIELD BEACH, FL

City & State

4. FEI Number

65-1000511

Applied For

Not Applicable

Zip

33441

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Claudia Repsold
2033E. Hillsboro BLV #4
DEERFIELD BEACH, FL 33441

Name

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

City

FL

Zip Code

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 **Claudia Repsold- Claudia M. Repsold**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/12/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **OWNER / PRESIDENT** ☐ Delete
NAME **JOAO RESSOA**
STREET ADDRESS **2033E. Hillsboro BLV #4**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

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

TITLE **OWNER / VICE-PRESIDENT** ☐ Delete
NAME **CLAUDIA REPSOLD**
STREET ADDRESS **2033E. Hillsboro BLV #4**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE: **Claudia M. Repsold**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/2001 954-4182108

Date

Daytime Phone #

CR2E034 (11/00)