

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90289 010 ***150.00

DOCUMENT # P00000040473

1. Entity Name
WOODEN BOATS, INC.



Principal Place of Business
2661 SW 51 AVENUE
PEMBROKE PARK FL 33023

Mailing Address
2661 SW 51 AVENUE
PEMBROKE PARK FL 33023

2. Principal Place of Business
2661 SW 51 AVE
Suite, Apt. #, etc.

3. Mailing Address
2661 SW 51 AVE
Suite, Apt. #, etc.

City & State
Pembroke Park Florida
Zip **33023** **Country** **Florida**

City & State
Pembroke Park - Florida
Zip **33023** **Country** **Florida**

4. FEI Number **65-1002753**

Applied For
Not Applicable

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

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

LEFEBVRE, FRANCINE
2661 SW 51 AVENUE
PEMBROKE PARK FL 33023

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 **Vaccarezza Dario**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/31/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☐ **Delete**
NAME **VACCAREZZA, DARIO**
STREET ADDRESS **2661 SW 51 AVENUE**
CITY-ST-ZIP **P PARK FL 33023**

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

TITLE ☐ **Delete**
NAME **VD**
STREET ADDRESS **LEFEBVRE, FRANCINE**
CITY-ST-ZIP **2661 SW 51ST AVE**
HOLLYWOOD FL 33023

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vaccarezza Dario

01/31/03

Date

Daytime Phone #

(954 961-2210)

CR2E034 (10/02)