

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90073 027 ***158.75

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DOCUMENT # P00000050028

1. Entity Name
J.P. POWER BOATS, INC.

Principal Place of Business
1501 SW 5TH COURT SUITE A
POMPANO BEACH FL 33069

Mailing Address
1501 SW 5TH COURT SUITE A
POMPANO BEACH FL 33069



2. Principal Place of Business

3. Mailing Address

Same ->
408

6555 N.W. 9th AVE
408

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE FL

City & State
FT. LAUDERDALE FL

4. FEI Number
65-1009219

Applied For
 Not Applicable

Zip
33309

Country
BROWARD

Zip
33309

Country
BROWARD

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

CONIGLIO, JOHN A
4801 SOUTH UNIVERSITY DRIVE SUITE 3000
DAVIE FL 33328

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

6555 N.W. 9th AVE. Suite 408
 City **FT. LAUDERDALE FL** Zip Code **33309**

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 **John Papp** **JOHN PAPP**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1-17-02
 DATE

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D PAPP, JOHN 1501 SW 5TH COURT SUITE A POMPANO BEACH FL 33069	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-489-0050
 Date **1-17-02** Daytime Phone #

CR2E034 (9/01)