## 2001 UNIFORM BUSINESS REPÖRT (UBR)

SIGNATURE: >

## Aug 14, 2001 8:00 am Secretary of State P00000051702 DOCUMENT # 1. Entity Name 07-24-2001 90022 040 \*\*\*150.00 SUNSET II BOAT RENTAL CORPORATION Principal Place of Business Mailing Address 711 HARBOR CIRCLE 711 HARBOR CIRCLE PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business 3. Malling Address SAME 711 HARBOR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3655208 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TURNER, DAVID Street Address (P.O. Box Number is Not Acceptable) 711 HARBOR CIRCLE PALM HARBOR FL 34683 Zip Code City ity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE \_\_ (NOTE: Registered Agent alignature required when reinstating) FILE-NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 500 PRESIDENT Addition ппе Change Delete TITLE NAME NAME R TURNEK STREET ADDRESS STREET ADDRESS HARBOR CIK CITY-ST-71P CITY-ST-ZIP Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS HARBOK CITY - ST - ZIP City-ST-7/P ☐ Change Addition TITLE ☐ Delete DILE NAME -NAME STREET ADDRESS STREET ADDRESS 3468 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE (3)NAME MAME STREET ADDRESS STREET ADDRESS 34683 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIFLE NAME NAME STREET ADORESS 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 like empowered.

**FILED** 

OHOChment DOCH To whom it may concern,