## · 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P0000056119 1. Entity Name #1 BOAT YARD, INC. 04-24-2001 90248 016 \*\*\*150.00 Mailing Address Principal Place of Business 6021 PENINSULA AVENUE 6021 PENINSULA AVENUE KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent >pencer CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. MCL (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Addition ☐ Delete TITLE NAME SPENCER, ROBERT E NAME STREET ADDRESS STREET ADDRESS **6021 PENINSULA AVENUE** CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SPENCER, CINDY L NAME STREET ADDRESS STREET ADDRESS 6021 PENINSULA AVENUE CITY-ST-7IP CITY-ST-ZIP KEY WEST FL 33040 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME\_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

2/03/01

☐ Change

Addition