

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056551

1. Entity Name
ABC BOAT LIFTS, INC.



FILED
OCT 31 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5791 16TH AVENUE NW
NAPLES FL 34119

Mailing Address
5791 16TH AVENUE NW
NAPLES FL 34119



2. Principal Place of Business
6026 Taylor Rd

3. Mailing Address
6026 Taylor Rd

Suite, Apt. #, etc.
Suite #9

Suite, Apt. #, etc.
Suite #9

City & State
Naples FL

City & State
Naples FL

REINSTATEMENT

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3654889

Applied For
Not Applicable

Zip 34109 Country USA

Zip 34109 Country USA

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

6. Name and Address of Current Registered Agent

WILSON, KYLE
5791 16TH AVENUE NW
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name Wilson, Kyle

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

10665 Winterview Dr.

City Naples FL Zip Code 34109

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

(NOTE: Registered Agent signature required when reinstating)

10-21-03

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE D ☐ Delete
NAME WILSON, KYLE
STREET ADDRESS 5791 16TH AVENUE NW
CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Wilson, Kyle
STREET ADDRESS 10665 Winterview Dr
CITY-ST-ZIP Naples FL 34109

TITLE ☐ Change ☐ Addition
NAME 300024296959
STREET ADDRESS 10/31/03--01002--016 **750.00
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03

Date

239 597-2444

Daytime Phone #

CR2E034 (4/03)