2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91551 043 ***150.00

DOCUMENT # P00000069939

1. Entity Name
HARBOR BAY MARINE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
1958 SE PT ST LUCIE BLVD ST LUCIE FL 34952	1958 SE PT ST LUCIE BLVD ST LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3001 SE Darien Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pt. St. Lucie, FL	City & State
Zip: 34952 Country: USA	Zip Country

4. FEI Number: 65-1026689 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIZZOLO, JANET P
1958 SE PT ST LUCIE BLVD
ST LUCIE FL 34952

7. Name and Address of New Registered Agent

Name: Scott A. Szafranski
Street Address (P.O. Box Number is Not Acceptable): 3001 SE Darien Rd.
City: Pt. St. Lucie FL Zip Code: 34952

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 Scott A. Szafranski 5/14/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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	☐ Delete	TITLE: President NAME: Scott A. Szafranski STREET ADDRESS: 3001 SE Darien Rd. CITY-ST-ZIP: Pt. St. Lucie, FL 34952	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: Director NAME: Frank P. DeAngelis STREET ADDRESS: 4086 SW Mackemer Rd. CITY-ST-ZIP: ~~Pt. St. Lucie, FL 34953~~	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Scott A. Szafranski 5/14/01 (561) 335-7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)