

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90042 046 ***150.00

DOCUMENT # P00000081209

1. Entity Name

CLASSEN YACHTS, INC.

Principal Place of Business

28000 SPANISH WELLS
BLVD.
BONITA SPRINGS, FL 34135

Mailing Address

P.O. BOX 279
BONITA SPRINGS, FL 34133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1051497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

552955

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JAMES W. AMBURN
28000 SPANISH WELLS BLVD
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE	D.P.	<input type="checkbox"/> Delete
NAME	OLIVER CLASSEN	
STREET ADDRESS	28000 SPANISH WELLS BLVD.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	DIT	<input type="checkbox"/> Delete
NAME	AXEL CLASSEN	
STREET ADDRESS	28000 SPANISH WELLS BLVD.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	DIVIS	<input type="checkbox"/> Delete
NAME	DOMINIQUE THOMAS	
STREET ADDRESS	28000 SPANISH WELLS BLVD.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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 reports 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:

Oliver Classen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2001 954-698-5053
Date Daytime Phone #