

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91778 026 ***150.00

DOCUMENT # P000000 83733

1. Entity Name

Yacht Group INC.



DO NOT WRITE IN THIS SPACE

11041161

2. Principal Place of Business

12995 Keystone Terr.

3. Mailing Address

Same

Suite, Apt. #, etc.

North Miami

Suite, Apt. #, etc.

City & State

FL

City & State

4. FEI Number

65-1033206

Applied For

Not Applicable

Zip

33181

Country

USA

-Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Michael E. Stevenson

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

12995 Keystone Terr.

City

North Miami

FL

Zip Code

33181

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*Michael E. Stevenson PVT
12995 Keystone Terrace
North Miami, FL 33181*

TITLE
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

786-213-0477

Date

Daytime Phone #

CR2E034B (12/02)