

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90068 010 ***150.00

DOCUMENT # P00000089921

1. Entity Name
UNIVERSAL YACHT SYSTEMS, INC.

Principal Place of Business

Mailing Address

406 NW RIVER DR.
 STUART FL 34997

406 NW RIVER DR.
 STUART FL 34997

00039041



DO NOT WRITE IN THIS SPACE

2 **406 NW River Drive**

2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Stuart, FL

City & State

4. FEI Number

65-1060869

Applied For

Not Applicable

Zip
34994

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANDON, MELISSA
 406 NW RIVER DR.
 STUART FL 34997

Name
Brandon, Melissa

Street Address (P.O. Box Number is Not Acceptable)
406 NW River Dr.

City
Stuart

FL

Zip Code
34994

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 **Melissa Brandon VP**

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

(NOTE: Registered Agent signature required when reinstating)

2-7-01

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 **D** Delete
 NAME **WITHERS; JAMES B**
 STREET ADDRESS **10044 S. OCEAN DR., APT. 102**
 CITY-ST-ZIP **JENSEN BCH FL 34957**

TITLE **President** Change Addition
 NAME **Withers, James B.**
 STREET ADDRESS **10044 S. Ocean Drive Apt.102**
 CITY-ST-ZIP **Jensen Beach FL 34957**

TITLE **D** Delete
 NAME **BRANDON, JAMES**
 STREET ADDRESS **406 NW RIVER DR.**
 CITY-ST-ZIP **STUART FL 34997**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BRANDON, MELISSA**
 STREET ADDRESS **406 NW RIVER DR.**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **VP/Secretary/Treasurer** Change Addition
 NAME **Brandon, Melissa**
 STREET ADDRESS **406 NW River Drive**
 CITY-ST-ZIP **Stuart, FL 34994**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Melissa Brandon VP**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-01 (56) 229-9876

CR2E034 (10/00)