

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098746

1. Entity Name
SUN STATE BOATWORKS, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90124 034 ***150.00

Principal Place of Business Mailing Address
6550 MARINA POINTE VILLAGE COURT #308 6550 MARINA POINTE VILLAGE COURT #308
TAMPA FL 33635 TAMPA FL 33635

2. Principal Place of Business 3. Mailing Address
6424 U.S. HIGHWAY 19 6424 U.S. HIGHWAY 19
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NEW PORT RICHEY, FL. NEW PORT RICHEY, FL.
Zip Country Zip Country
34652 USA 34652 USA

4. FEI Number Applied For
59-3681645 Not Applicable
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
MCDONALD, HAROLD O JR. Name
6550 MARINA POINTE VILLAGE COURT #308 Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33635 City 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, ROBERT L		NAME		
STREET ADDRESS	6550 MARINA POINTE VILLAGE COURT #308		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33635		CITY-ST-ZIP		
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, HAROLD O JR.		NAME		
STREET ADDRESS	6550 MARINA POINTE VILLAGE COURT #308		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33635		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 attached sheet with an address, with all other persons empowered.

SIGNATURE: HAROLD O. MCDONALD, JR. 4/26/01 727-848-8677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)