## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÚBR)

Principal Place of Business

CUDJOE SHORES FL 33042

22815 CUDJOE DR

BOAT DOCTOR'S QUARTERS, INC.



05-05-2003 90712 038 \*\*\*150.00

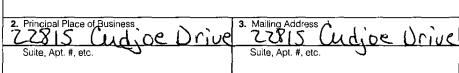
May 05, 2003 8:00 am Secretary of State

**FILED** 

P00000102161 **DOCUMENT #** 1. Entity Name

> Mailing Address 22815 CUDJOE DR.

CUDJOE SHORES FL 33042





22813	5 Cudioe Drive	22815 Cu	dioe Orio	ue	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	3	☐ CHECK HERE IF MAKING CHANGES	
City & Stat		City & State	, ()	4. FEI Number NOT APPLICABLE Applied For	
OUND	icland t	Ournala	ind I	Not Applicable	
3304	2 PSA	3304Z	US A	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
	~ <u>~</u>		Name		
HARKINS, GERALD L				ress (P.O. Box Number is Not Acceptable)	
22815 CUDJOE DR.					
CUDJOE SHORES FL 33042					
	`. `.*		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. I am familiar with, and accept					
the obligations of registered agent.					
SIGNATURE					
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	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing \$5.00 May Be	
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		Trust Fund Contribution. Added to Fees	
10:	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	D Harkins, Gerald L	₫ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS	22815 CUDJOE DR.		NAME Street Address		
CITY-ST-ZIP	CUDJOE SHORES FL 33042	<b>b</b>	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		□ Delete	NAME	Change D Adollor	
STREET ADDRESS			STREET ADDRESS		
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TITLE	<u> </u>	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		□ b¢ioic	NAME		
STREET ADDRESS		•	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	Change Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME CENTER ADDRESS		
STREET ADDRESS			STREET ADDRESS		

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 Block 11 if