2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103637

1. Entity Name

BOAT AMERICA III INC.

Principal Place of Business	Mailing Address
10879 SHOTGATE COURT ORLANDO FL 32837	10879 SHOTGATE COURT ORLANDO FL 32837

2. Principal Place of Business: 11879 SHOTGATE CT.

3. Mailing Address: 11879 SHOTGATE CT.

Suite, Apt. #, etc.

City & State: ORLANDO FL

City & State: ORLANDO, FL

Zip 32837 Country

Zip 32837 Country

4. FEI Number: 59-3679120

Applied For ☐   Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASEK, MICHAEL D
4851 85TH AVE
PINELLAS PARK FL 33781

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D		TITLE			Change ☐	Addition ☐
NAME	KIRVELIS, HAROLDAS	☐ Delete	NAME				
STREET ADDRESS	10879 SHOTGATE COURT		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32837		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				
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				

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 attachment with an address, with all other like empowered.

SIGNATURE: *H. Kirvelis*, HAROLDAS KIRVELIS, DIRECTOR   02/05/01   407-251-6787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/00)