

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90069 025 \*\*\*150.00

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DOCUMENT # **P00000118048** NC ✓  
1. Entity Name  
**NOAH'S BOAT RENTALS, INC.**  
12/27/02



Principal Place of Business  
**255 LOWER MATECUMBE ROAD  
KEY LARGO FL 33037**

Mailing Address  
**255 LOWER MATECUMBE ROAD  
KEY LARGO FL 33037**

2. Principal Place of Business  
**3 MOSSY COVE DR**

3. Mailing Address  
**3 MOSSY COVE DR**

City & State  
**FLORIDA, FLORIDA**

City & State  
**FLORIDA, FLORIDA**

4. FEI Number **65-1065874**

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SCOPINICH, GAIL ESQ.  
17071 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent  
Name **EDMUNA L. WOOD**  
Street Address (P.O. Box Number is Not Acceptable)  
**6244 W. SUNAISE BLVD.  
SUITE 213**  
City **SUNAISE** FL Zip Code **33313**

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 **Edmuna L. Wood** **Edmuna L. Wood** **4-6-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMINGWAY SCHIRTZ, ANN		NAME		
STREET ADDRESS	255 LOWER MATECUMBE ROAD		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIRTZ, RAY		NAME		
STREET ADDRESS	255 LOWER MATECUMBE ROAD		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		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		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RAYMOND SCHIRTZ** **Raymond Schirtz** **4/27/03** **863-655-0119**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)