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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91845 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001681

90113636

1. Entity Name
RIVER CITY BOATS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
10 DOGWOOD TRAIL, STE. D DEBARY, FL 32713	10 DOGWOOD TRAIL, STE. D DEBARY, FL 32713

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
465 Summerhaven Dr.	465 Summerhaven Dr.
Suite, Apt. #, etc.: Ste. D	Suite, Apt. #, etc.: Ste. D
City & State: DeBary, FL	City & State: DeBary, FL
Zip: 32713 Country: Volusia	Zip: 32713 Country: Volusia

4. FEI Number: 59-3688116 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOUGHERTY, DAVID
10 DOGWOOD TRAIL, STE. D
DEBARY, FL 32713

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] David Dougherty 4-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST DOUGHERTY, DAVID 10 DOGWOOD TRAIL, STE. D DEBARY, FL 32713 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Dougharty 465 Summerhaven Dr., Ste D DeBary, FL 32713 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] David Dougherty 4-25-03 386-668-3328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #