

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90074 040 ***150.00

DOCUMENT # P01000013445

1. Entity Name
SAFE HARBOR YACHT SALES OF FLORIDA, INC.

Principal Place of Business

**4134 GULF OF MEXICO DR.
 LONGBOAT KEY FL 34228**

Mailing Address

**4134 GULF OF MEXICO DR.
 LONGBOAT KEY FL 34228**

2. Principal Place of Business

406 CHURCH AVE

3. Mailing Address

406 CHURCH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRADENTON BEACH FL

City & State
BRADENTON BEACH FL

Zip
34217

Country
MANATEE

Zip
34217

Country
MANATEE

4. FEI Number
65-1075971

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GREEN, ANTHONY W
 4134 GULF OF MEXICO DR.
 LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
406 CHURCH AVE
 City **BRADENTON BEACH FL** Zip **34217**

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

4-29-02

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, 2002 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

TITLE **PRESIDENT** ☐ Delete
 NAME **ANTHONY GREEN**
 STREET ADDRESS **42 RAVENS PT DR**
 CITY-ST-ZIP **LAKE ST LOUIS, MO 63367**

TITLE **VICE PRESIDENT** ☐ Delete
 NAME **THOMAS WOOKE**
 STREET ADDRESS **1719 STONE RIDGE TRAIL**
 CITY-ST-ZIP **ST LOUIS, MO 63122**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02 944-999-9224
 Date Daytime Phone #

CR2E034 (9/01)