

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90548 032 \*\*\*150.00

**DOCUMENT # P01000013445**

1. Entity Name

**SAFE HARBOR YACHT SALES OF FLORIDA, INC.**



Principal Place of Business  
**406 CHURCH AVE.  
BRADENTON BEACH FL 34217**

Mailing Address  
**406 CHURCH AVE.  
BRADENTON BEACH FL 34217**

2. Principal Place of Business

Suite, Apt. #, etc.  
**965 RIVERSIDE DRIVE**

City & State  
**PALMETTO, FL**

Zip Country  
**34221 USA**

3. Mailing Address

**965 RIVERSIDE DRIVE**

Suite, Apt. #, etc.

City & State  
**PALMETTO, FL**

Zip Country  
**34221 USA**



☒ CHECK HERE IF MAKING CHANGES

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  
406 CHURCH AVE.  
BRADENTON BEACH FL 34217**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**965 RIVERSIDE DRIVE**

City Zip Code  
**PALMETTO FL 34221**

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, 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

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

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **COOKE, THOMAS**  
CITY-ST-ZIP **1719 STONE RIDGE TRAIL SAINT 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

11. 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  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-03**

Date

Daytime Phone #

CR2E034 (10/02)