

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91168 024 ***150.00

DOCUMENT # **P01 000014650** ✓

1. Entity Name

BOAT MAT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3900 Dow ROAD

3. Mailing Address

3900 Dow RD.

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.

SUITE E

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

4. FEI Number

59-3696268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

32934

Country

US

Zip

32934

Country

US

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ELLEN C. THOMPSON

Street Address (P.O. Box Number is Not Acceptable)

3900 Dow ROAD STE E

City

MELBOURNE

FL

Zip Code

32934

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

Ellen C. Thompson

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P/V/S/T/D
NAME	ELLEN C. THOMPSON
STREET ADDRESS	3900 Dow ROAD STE E
CITY - ST - ZIP	MELBOURNE, FL 32934
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Ellen C. Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 321 751-4636

Date

Daytime Phone #

CR2E034B (12/01)