## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000015218

Entity Name: BOATERED, INC.

FILED Apr 09, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
420 US HW N. PALM B	/Y 1, 15H CH, FL 33408				
Current Ma	ailing Address	s:	New Mailing Addres	New Mailing Address:	
420 US HWY 1, 15H N. PALM BCH, FL 33408					
FEI Number:	65-1080417	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
BATES, THOMAS ESQ. 515 N. FLAGLER DR., SUITE 300-PAVILION W. PALM BCH, FL 33401 US					
The above in the State		ubmits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATUR					
	Electroni	c Signature of Registered Ager	nt	Date	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MS. () VAN PARYS, JO 29 CENTRAL AV MAYS LANDING	E.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HALL, LESTER 420 U.S. HIGHW	Delete 'AY 1, #15H EACH, FL 33408 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HALL, ELAINE 420 U.S. HIGHW	Delete 'AY 1, #15H EACH, FL 33408 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MR. () VAN PARYS, GE 29 CENTRAL AV MAYS LANDING	E.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESTER HALL MR. 04/09/2003