

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

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

05-21-2002 90888 043 ***158.75

DOCUMENT # **P01000030241**

1. Entity Name **CLEARWATER YACHT SERVICE, INC.**

DO NOT WRITE IN THIS SPACE

663700

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2357 ST. CHARLES DRIVE

Suite, Apt. #, etc.

3. Mailing Address
2357 ST. CHARLES DRIVE

Suite, Apt. #, etc.

City & State
CLEARWATER FLORIDA

Zip
33764

Country
USA

City & State
CLEARWATER FLORIDA

Zip
33764

Country
USA

4. FEI Number
59-3709579

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name **DAVID A. BARTH**

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

2357 ST. CHARLES DRIVE

City **CLEARWATER**

FL

Zip Code **33764**

**DO NOT WRITE
IN THIS SPACE**

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

David A. Barth

DAVID A. BARTH, PRESIDENT

APRIL 29, 2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P/T 1/5/01/M
DAVID A. BARTH
2357 ST. CHARLES DRIVE
CLEARWATER, FL 33764**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 duly empowered.

SIGNATURE:

David A. Barth

DAVID A. BARTH PRES.

4/29/02

727/455-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)