2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000030410 DOCUMENT

1. Entity Name

NATIONAL BOAT HAULERS INC.

					A CO WE THAT	′				
Principal Place of Business 4035 PARSON'S POINT RD. E HERNANDO FL 34442		4035	Mailing Address 4035 PARSON'S POINT RD. E HERNANDO FL 34442			,	(2001) 1886: 112 00(0) 110() 00() 00() 00() 00()	180 11381 00 113	L:00: 1:01: CD:1: 10:1	
2. Principal Place of Business			3. Mailing Address				i fanilasi ili seini iinii onii gaili dekilas	100 11211 00117 1	ESPOT SIENT ONN ENDS	
			0.72 4 24 11 242							
Suite, Apt. #, etc.		Sun	Suite, Apt. #, etc.			· .	CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			4.	FEI Number 59-3707445		Applied For Not Applicable	
Zip	Country	Zip	Zip		Country		Certificate of Status Desired	\$8.75 Fee Req	Additional uired	
1	6. Name and Address of Curre	nt Register	ed Agent			7. Name and Address of New Registered Agent				
			_		Name					
BETTS, AGNES J					Street Addres	n (BO I	Pay Number is Not Assentable)			
4035 PARSON'S POINT RD E				<u>-</u>	Street Address (P.O. Box Number is Not Acceptable)					
HERNANI	DO FL 34442									
					City	Sity FL Zip Code				
							<u>-</u>			
	e named entity submits this statemen tions of registered agent.	t for the purp	ose of changing its r	egistere	d office or regi	stered ag	gent, or both, in the State of Florida. I a	m familiar v	vith, and accept	
the obligati	norte en regionere a agenti.								Ì	
SIGNATURE	<u> विकित्त</u>									
	Signature, typed or printed name of registered ag	ent and title if app	olicable. (NOTE:	Hegistered	Agent signature req	uired when r	reinstating) DATE	: 		
FILE NOW!!! FEE IS \$550.00							9. Election Campaign Financing	•	5.00 May Be	
After September 10, 2003 Fee will be \$750.0							Trust Fund Contribution.		ided to Fees	
	k Payable to Florida Departmen						<u> </u>			
10.	OFFICERS AI	ND DIRECTO		11.		A[DDITIONS/CHANGES TO OFFICERS A			
TITLE	DPT ACNIES		☐ Delete	TITLE				Char	nge	
NAME :	BETTS, AGNES	•		NAME	i i					
STREET ADDRESS CITY-ST-ZIP	4035 PARSON'S POINT RD. E HERNANDO FL 34442	•			ET ADDRESS ST-ZIP					
				-				r1 or		
TITLE	DVS BETTS DAVID I		☐ Delete	TITLE	l l			Char	nge	
NAME STREET ADDRESS	BETTS, DAVID L 4035 PARSON'S POINT RD. E	•		NAME	ET ADDRESS					
CITY-ST-ZIP	HERNANDO FL 34442	•			ST-ZIP					
TITLE	TIGHTWHEOUTE OTTIC		Delete	TITLE				☐ Char	nge 🔲 Addition	
NAME			Las Deiele	NAME	I				Addition	
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Char	ge Addition	
NAME	F			NAME	[.	شبهه، سه-	يحاري المحادية يناش ومسيست المراد		.: • Indonesia	
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP					
TITLE	*	-	□ Doloto	TITI E				☐ Chan	ne 🗀 Addition	

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 like empowered.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

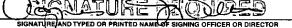
NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



Delete

Aug 27, 2003 8:00 am Secretary of State

08-27-2003 90075 021 ***550.00

☐ Addition