

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90248 005 ***150.00

DOCUMENT # P01000030537

1. Entity Name

REEF RUNNER POWERBOATS, INC.

Principal Place of Business

**6779 HAMMOCK LANE
 WEST PALM BEACH FL 33411**

Mailing Address

**6779 HAMMOCK LANE
 WEST PALM BEACH FL 33411**

2. Principal Place of Business

6779 HAMMOCK LN

3. Mailing Address

6779 HAMMOCK LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

W.P.B. FL

W.P.B. FL

33411

P.B.

33411

P.B.

4. FEI Number

65-1090119

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KERN, KEITH D ESQ
 50 S.E. 4TH AVE
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **DPS**
 NAME **PUSLOWSKI, BRADLEY**
 STREET ADDRESS **6679 HAMMOCK LANE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

☐ Delete

TITLE **DVT**
 NAME **ALBRECHT, LINLEY H**
 STREET ADDRESS **146 ARROWHEAD CIRCLE**
 CITY-ST-ZIP **JUPITER FL 33458**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 687-2624

CR2E034 (9/01)