

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90039 038 ***150.00

DOCUMENT # P01000058050

1. Entity Name
COMPLETEYACHTSHOP.COM, INC.

Principal Place of Business
279 S TRADEWINDS AVE
LAUDERDALE BY THE SEA FL 33308

Mailing Address
279 S TRADEWINDS AVE
LAUDERDALE BY THE SEA FL 33308



2. Principal Place of Business
4328 E. TRADEWINDS AVE
 Suite, Apt. #, etc.

3. Mailing Address
4328 E. TRADEWINDS AVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAUDERDALE BY THE SEA, FL
Zip 33308
Country USA

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Zip 33308
Country USA

4. FEI Number
605-1117684
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TESHER, CHRISTINE F
279 S TRADEWINDS AVE
LAUDERDALE BY THE SEA FL 33308

7. Name and Address of New Registered Agent
Name TESHER, CHRISTINE F.
Street Address (P.O. Box Number is Not Acceptable)
4328 E. TRADEWINDS AVE
City LAUDERDALE BY THE SEA, FL
Zip Code 33308

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 *Christine F. Teshner*
 Signature, typed or printed name of registered agent and date 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESHER, CHRISTINE 279 S TRADEWINDS AVE LAUDERDALE BY THE SEA FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4328 E. TRADEWINDS AVE LAUDERDALE BY THE SEA FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Christine F. Teshner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 **954-2299933**
 Date Daytime Phone #

CR2E034 (9/01)