

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90065 037 \*\*\*558.75

**DOCUMENT # P01000060174**

1. Entity Name

HOUSEBOAT RENTALS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

4980 THIRTY-SECOND AVENUE SW  
 NAPLES FL 34116

Mailing Address

4980 THIRTY-SECOND AVENUE SW  
 NAPLES FL 34116

2. Principal Place of Business

7560 Meadow Lakes Dr.

Suite, Apt. #, etc.

#2

3. Mailing Address

P.O. Box 111653

Suite, Apt. #, etc.

City & State

Naples, Fla

City & State

Naples, Fla

4. FEI Number

65-1118648

Applied For

Not Applicable

Zip

34917

Country

USA

Zip

34108

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TYLER, RAY A

4980 THIRTY-SECOND AVENUE SW  
 NAPLES FL 34116

7. Name and Address of New Registered Agent

Name

Gabriel Tyler

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

7560 Meadow Lakes Dr. #2

City

Naples, Fla

FL

Zip Code

34117

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-11-02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 D  
 NAME TYLER, GABRIEL E  
 STREET ADDRESS 4980 THIRTY-SECOND AVENUE SW  
 CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE D  
 NAME TYLER, RAY A  
 STREET ADDRESS 4980 THIRTY-SECOND AVENUE SW  
 CITY-ST-ZIP NAPLES FL 34116 ☒ Delete

TITLE  
 NAME Resigned As  
 STREET ADDRESS president (Ray Tyler)  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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

9-11-02 (239) 404-7046

Date

Daytime Phone #

CR2E034 (4/02)