

5/19/

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 24, 2002 8:00 am
Secretary of State

05-19-2002 90223 032 ***150.00

DOCUMENT # P01000066234**1. Entity Name**
THE BOATMAN INC.**Principal Place of Business**1140 LAKESHORE DR #101
LAKE PARK FL 33403**Mailing Address**1140 LAKESHORE DR #101
LAKE PARK FL 33403

94004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1140 Lakeshore Dr.

Suite, Apt. #, etc.

#201

City & State

Lake Park, FL

Zip
33403Country
USA**3. Mailing Address**

1140 Lakeshore Dr.

Suite, Apt. #, etc.

#201

City & State

Lake Park, FL

Zip
33403Country
USA**4. FEI Number**

65-1117967

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional
Fees Required****6. Name and Address of Current Registered Agent**CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**7. Name and Address of New Registered Agent**

Name

MICHAEL BERMAN

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

1140 Lakeshore Dr., Apt 201

City

WEST PALM BEACH

FL

Zip Code

33403-

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**

see attached letter

(NOTE: Registered Agent signature required when reinstating)

DATE

6/15/02

**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 \$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	D	<input type="checkbox"/> Delete
NAME	BERMAN, MICHAEL B	
STREET ADDRESS	1140 LAKESHORE DR #101	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berman, Michael B	
STREET ADDRESS	1140 Lakeshore Dr #201	
CITY-ST-ZIP	Lake Park, FL 33403	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

Daytime Phone #

CR2E034 (9/01)