

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90336 047 ***150.00

0005244 AV

DOCUMENT # P01000076443

1. Entity Name
BAHA CRUISER BOATS, INC.

Principal Place of Business

PO BOX 478
MAYO FL 32066

Mailing Address

PO BOX 478
MAYO FL 32066

2. Principal Place of Business

Hwy 51 North
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1387
 Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

MAYO Florida
32066-1387 USA

4. FEI Number

59-3742542

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NALL, KENNETH
HIGHWAY 51 NORTH
MAYO FL 32066

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

Kenneth Nall

Kenneth Nall - President

4-4-02

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 **PD** ☐ Delete
NAME **NALL, KENNETH**
STREET ADDRESS **PO BOX 478**
CITY-ST-ZIP **MAYO FL 32066**

TITLE **VD** ☐ Delete
NAME **NALL, DIANNA**
STREET ADDRESS **PO BOX 478**
CITY-ST-ZIP **MAYO FL 32066**

TITLE **STD** ☐ Delete
NAME **BYRD, CHERYL**
STREET ADDRESS **PO BOX 478**
CITY-ST-ZIP **MAYO FL 32066**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **NALL, KENNETH A**
STREET ADDRESS **P.O. BOX 1387**
CITY-ST-ZIP **MAYO, FL. 32066-1387**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **NALL, DIANNA E.**
STREET ADDRESS **P.O. BOX 1387**
CITY-ST-ZIP **MAYO, FL. 32066-1387**

TITLE **STD** ☒ Change ☐ Addition
NAME **BYRD, CHERYL L.**
STREET ADDRESS **P.O. BOX 1387**
CITY-ST-ZIP **MAYO, FL. 32066-1387**

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

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

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Kenneth Nall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02

Date

386-294-2447

Daytime Phone #

CR2E034 (9/01)