## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P01000079017

Mailing Address

1. Entity Name

BECKER BOATS, INC.

Principal Place of Business

POMPANO BI	EACH FL 33060	151 SE 6TH POMPANO BE	COURT ACH FL 33060		į	.			
2. Principal I	Place of Business	3. Mailing Add	3. Mailing Address						
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	ite	City & State	City & State			FEI Number 65-1129027	_ <del></del>	pplied For ot Applicable	
Zip	Country	Zip	Co	ountry	5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Curre	nt Registered Agen	t		7. 1	Name and Address of New Registe	red Agent		
	<u>-</u>	<u></u>	Name						
BECKER,	KEVIN .					(P.O. Box Number is Not Acceptable)			
151 SE 6	TH COURT		Sileet Addres			sox Number is Not Acceptable)			
POMPANO	O BEACH FL 33060					, y .			
				City			FL Zip Cod	le	
	e named entity submits this statement tions of registered agent.  Signature, typed or printed name of registered age			tered office or regis			I am familiar with,	and accept	
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State	•			Election Campaign Financing     Trust Fund Contribution.	☐ Added	0 May Be	
10.		D DIRECTORS		1.	AD	DITIONS/CHANGES TO OFFICERS			
TITLE NAME STREET ADORESS CITY-ST-ZIP	PSD BECKER, KEVIN 151 SE 6TH CT. POMPANO BEACH FL 33060		: N	ITLE HAME TREET ADDRESS ITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, N	ITLE AME Treet address ITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N	ITLE AME TREET ADDRESS ITY-ST-ZIP		المحافوة الحاجم المحاج الماري الموسموة	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N. S	ITLE AME Treet address ITY-ST-ZIP		•	☐ Change	☐ Addition	
ITLE IAME STREET ADDRESS STY-ST-ZIP			N/ : S1	TLE AME IREET ADDRESS ITY-ST-ZIP		-	☐ Change	Addition	
ITLE IAME			N	TLE AME			Change	Addition	

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 3-23-03

954-410-8063

**FILED** 

03-26-2003 90119 047 \*\*\*150.00

Mar 26, 2003 8:00 am secretary of State