## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

attachment with an address, with all

SIGNATURE:

## Mar 11, 2002 8:00 am **Secretary of State** DOCUMENT #POIOOOU93 03-11-2002 90078 031 \*\*\*158.75 SPEEDMAGTER BOATS INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 12018 HICKS ROAD TONER DR 6224 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3744969 HUDSON HUDSON Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired X 34667 34669 PASCO PASCO Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P.O. Box Number, is Not Acceptable) IN THIS SPACE 6224 TOWER DR HUDSON 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, typed or printed na (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 5 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State <u>11.</u> OFFICERS AND DIRECTORS PRESIDENT CR2E034B (12/01) TITLE THILE JUAN A BAEZ 6224 TOWER DR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON FL 34667 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS 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 on an