2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000100764							FILED Mar 03, 2002 8:00 am Secretary of State				
•	INA YACHT S	ALES, INC.					03-0	03-2002 90108	002 ***150.	00	ğ
Principal Place of Business 102 RIVIERA DUNES WAY PALMETTO FL 34221			Mailing Address 102 RIVIERA DUNES WAY PALMETTO FL 34221								
			3. Mailing Address c/o Mike Carter I, Inc.								
Suite, Apt. #, etc.			Suite, Apt. #, etc. 417 12th St W., Suite 200				DO NOT WRITE IN THIS SPACE				
City & State			City & State Bradenton, FL 34205				ELNumper 55-1149013			plied For t Applicable	
Zip	Cour		Zip 34205	Country			Certificate of Statu	 _	\$8.75 Add	litional	
	6. Name and Ac	Idress of Current Re				7. N	lame and Addres	s of New Registere	<u>_</u>		
GREENE, ROBERT F ESQ. 1301 SIXTH AVENUE W., SUITE 400 BRADENTON FL 34205					Street Address (P.O. Box Number is Not Acceptable)						
					City		-		Zip Code	3	
SIGNATURE	Signature, typed or printed ration is eligible to sequirement and elec	name of registered agent and attisfy its Intangible	title if applicable. (NOTE FILE NOW! After May 1, 200 Make Check Payab	Registered A	gent signatur \$ \$150.0	e required when re	instating) 10. Election Ca	DAT ampaign Financing Contribution.	\$5.0	0 May Be to Fees	
11.		OFFICERS AND DI	RECTORS	12.			DITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP	417 12t	Michael Ch St W., Con, FL 3	Suite 200	Change	X Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS 1-ZIP	VP Walker, 417 12t	Linda A. h St W, S	uite 200	Change	X Addition	CR
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	TITLE NAME STREET	ADDRESS I-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS 1-ZIP	-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A	ADDRESS 1-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET /	ADDRESS - ZIP				☐ Change	Addition	ı

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