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

## FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90428 008 \*\*\*150.00

DOCUN 1. Entity Name A1HAUL-A									
Principal Place of Business 1110 MW 133 AVE 1110 MW 133 AVE SUNRISE FL 33323  2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.				n <del>É</del>		CHECK HERE IF MAKING CHANGES			
City & State	SAIN	City & State	City & State			4. FEI Number 65-1148727 Applied For Not Applied Not A			<u> </u>
Zip*	Country	Zlp	Count	ry		Certificate of Status Desired   tame and Address of New Registered	\$8.75 A		-
	6. Name and Address of Current	Registered Agent		- Name -	<u> </u>	Bille Sild Appress of New Yorkston			<b>=</b> ]= · .
									4.
_	INS & ASSOC		ſ	Street Address (P.O. Box Number is Not Acceptable)					
	OMMERICAL BLVD		)						7
STE 28	IDERDALE FL 33309	ŕ	Į	City			Zip Ci	ode	┥
ž				•		<u> </u>	<b>∟</b> ) `		4
8. The above the obligati	named entity submits this statement to one of registered agent.	or the purpose of changing I	ta registere	d office or register	ed age	ant, or both, in the State of Florida. I an	n tambusi wii	п, апо ассері	
SIGNATURE .	Signature, typed or printed name of registered agen	l and title if applicable. (MC	)7E: Regissed	Agent signature required	when re	neuting) CATE			4
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	of State				1100(1010)	□ Áda	.00 May Be led to Fees	
10.	OFFICERS AND		11.		AD	DITIONS/CHANGES TO OFFICERS AN			7
TITLE	P	. Delete	TITLE				Change	Addition	CR2E034 (10/02)
NATE	WEST, WILLIAM		KAME	ET ADDRESS					2
STREET ADDRESS CITY-ST-ZIP	1110 NW 133 AVE   SUNRISE FL 33323		•	-SI-7IP					<u> </u>
	DOM BOLL I E GOOLD	☐ Delete	TITLE			•	☐ Change	Addition	78
ritle Name	·		KAME						1
STREET ADDRESS CITY-ST-ZIP				et address - St - Zip					
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STREET ADDRESS			STRE						=
CITY-ST-ZP~			_	ST-ZD			☐ Chang	a Addition	.†
TITLE		☐ Delete	TITLE					, <u> </u>	
NAME STREET ADORESS				ET ADORESS					1
CITY-SI-ZIP		·	CITY-	-ST-20P		<u> </u>			4
TILLE		☐ Delete	IITLE				Change	Addition	
NAME			STREE	ET ADDRESS		•			
STREET ADOMESS CITY-ST-ZIP	,			-ST-ZP		·		· 	]
DILE		. Defeta	jult				Change	Addition	.
NAME			NUM						-
STREET ADDRESS" CITY- ST-ZIP			CITY-	ET ADORESS -ST-ZIP .				·	4.2
Indicated	cartly that the information supplied will on this report or supplemental report poration or the receiver of trustee empty or on an attachment with an agricus.	ns true and accurate and that	ri as requir	mption stated in Se ture shall have the t red by Chapter 607	iction 1 same l 7, Florid	119.07(3)(i), Florida Statutes, i further or legal effect as if made under oath; that da Statutes; and that my name appears	ertury that the I am an offic I in Block 10	er or director or Block 11 if	3
SIGNAT	URE:	PRINTED NAME OF BIGHING OFFICE	T GR GIRECT	oe ·	—	11 10 - 121	Daytime Phone	,—	1



## FLORIDA DEPARTMENT OF STATE Ken Detzner

80043543

Secretary of State

February 14, 2003

A1HAUL-A-BOAT, INC. 1110 NW 133 AVE SUNRISE, FL 33323

Subject: A1HAUL-A-BOAT, INC.

Reference Number: P01000104172

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JB ANNUAL REPORTS SECTION