

2002 UNIFORM BUSINESS REPORT (UBR)

7/30

FILED
Aug 08, 2002 8:00 am
Secretary of State

07-30-2002 90383 004 ***550.00

DOCUMENT # P01000108309

1. Entity Name
BOSS BOATS, INC.

Principal Place of Business
**2210 ISLE OF PINES AVENUE
 FORT MYERS FL 33905**

Mailing Address
**2210 ISLE OF PINES AVENUE
 FORT MYERS FL 33905**

41042



2. Principal Place of Business

7900 Interstate ct

3. Mailing Address

7900 Interstate ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS FL

City & State

FT. MYERS FL

4. FEI Number

05-115-1457

Applied For

Not Applicable

Zip

33917

Country

USA

Zip

33917

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**H. NOLTE MCCARTHY
 2210 ISLE OF PINES AVENUE
 FORT MYERS FL 33905**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

H. Nolte McCarthy

(NOTE: Registered Agent signature required when reinstating)

DATE

7/29/02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **H. NOLTE MCCARTHY**
 STREET ADDRESS **2210 ISLE OF PINES AVENUE**
 CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **D** ☐ Delete
 NAME **SKROSS, RONALD**
 STREET ADDRESS **30106 CARMEL BAY**
 CITY-ST-ZIP **GEORGETOWN TX 78628**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

H. Nolte McCarthy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/29/02

239

7315600

CR2E034 (4/02)