

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P01000122240 |
| 1. Entity Name Top Quality Yacht Refinishing of Florida, Inc. |

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|---|-----------------------|---|-----------------------|
| 2. Principal Place of Business 1513 S.W. 18th Avenue Suite, Apt. #, etc. | | 3. Mailing Address 3146 NW 68 Street Suite, Apt. #, etc. Suite No.1 | |
| City & State Ft. Lauderdale, FL | | City & State Fort Lauderdale, Florida | |
| Zip 33312 | Country USA | Zip 33309-1206 | Country USA |

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| 4. FEI Number 80-0027688 | Applied For <input type="checkbox"/> Not Applied |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additl Fee Required |

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IN THIS SPACE**

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| 7. Name and Address of Current Registered Agent | |
| Name Tommy Van Le | |
| Street Address (P.O. Box Number is Not Acceptable) 1513 SW 18th Avenue | |
| City Fort Lauderdale | FL Zip Code 33309-1206 |

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  **Tommy Van Le** **1/15/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May B-**
Trust Fund Contribution. **Added to Fo-**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/CEO/Director Tommy Van Le 1513 SW 18th Avenue Fort Lauderdale, Florida 33312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Exec.Vice President/Director Loan T. Le 1513 SW 18th Avenue Fort Lauderdale, Florida 33312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Board Advisor/Ex-officio member Clifton H. Rodriguez, CPA 3146 NW 68 Street, Ste. No.1 Fort Lauderdale, Florida 33312 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1100000387353 01/19/06-80034-023 150.00 |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Tommy Van Le** **1/15/2006** **(954)850-9842**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #