

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


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91410 029 \*\*\*158.75

0502714 AV

**DOCUMENT #** P02000041462

1. Entity Name  
**UGLY BOAT, INC.**



Principal Place of Business  
**1300 SEAWAY DR B7  
FT PIERCE FL 34949**

Mailing Address  
**1300 SEAWAY DR B7  
FT PIERCE FL 34949**

20041220



2. Principal Place of Business  
**3501 Industrial 29th St**

3. Mailing Address  
**3501 Industrial 29th St**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Fort Pierce FL**

City & State  
**Fort Pierce FL**

4. FEI Number  
**35-2166872**

Applied For  
 Not Applicable

Zip  
**34946**

Country  
**USA**

Zip  
**34946**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VERNESE, DAMON  
1300 SEAWAY DR B7  
FT PIERCE FL 34949**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VERNESE, BRANDON M</b> <b>1300 SEAWAY DR B7</b> <b>FT PIERCE FL 34949</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CV</b> <b>VERNESE, DAMON L</b> <b>1300 SEAWAY DR B7</b> <b>FT PIERCE FL 34949</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>VERNESE, MIKE</b> <b>1300 SEAWAY DR B7</b> <b>FT PIERCE FL 34949</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>HANSEN, PATRICIA A</b> <b>1300 SEAWAY DR B7</b> <b>FT PIERCE FL 34949</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia A. Hansen **REQUIRED Patricia A. Hansen** 772-971-0215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)