

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

0007956 AV

03-31-2003 90154 048 \*\*\*150.00

**DOCUMENT #** P02000043589

1. Entity Name  
**BOATR 48, INC.**



Principal Place of Business  
1131 SE 4TH ST #408  
BOYNTON BEACH FL 33435

Mailing Address  
1131 SE 4TH ST #408  
BOYNTON BEACH FL 33435

2. Principal Place of Business <b>740 E OCEAN AVE</b>	3. Mailing Address <b>740 E OCEAN AVE</b>
Suite, Apt. #, etc. <b>401 S</b>	Suite, Apt. #, etc. <b>401 S</b>
City & State <b>BOYNTON BEACH FL</b>	City & State <b>BOYNTON BEACH FL</b>
Zip <b>33435</b>	Country <b>USA</b>



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCGOEY, MICHAEL J**  
**209 N SEACREST BLVD**  
**BOYNTON BEACH FL 33435**

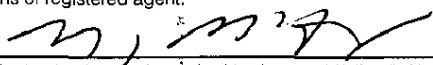
7. Name and Address of New Registered Agent

Name **Michael J. McGOEY**

Street Address (P.O. Box Number is Not Acceptable)  
**639 EAST OCEAN AVE**

City **BOYNTON BEACH FL** Zip Code **33435**

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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <input type="checkbox"/> Delete <b>SEBASTIANO, JAMES A</b> <b>1131 SE 4TH ST #408</b> <b>BOYNTON BEACH FL 33435</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)