

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91377 021 ***150.00

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DOCUMENT # P02000053308

1. Entity Name
RAGE POWERBOATS, INC.



Principal Place of Business
~~2131 SANDPIPER DRIVE~~
CLEARWATER FL 33764

Mailing Address
~~2131 SANDPIPER DRIVE~~
CLEARWATER FL 33764

2. Principal Place of Business
12001 44th St. N.
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Clearwater
Zip
33764

City & State
FL

4. FEI Number
04-3689235

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

POTTER, KENNETH
~~**2131 SANDPIPER DRIVE**~~
~~**CLEARWATER FL 33764**~~

Name

Street Address (P.O. Box Number is Not Acceptable)

12001 44th St. N.

City **Clearwater FL 33764 FL** Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE ☐ Delete
NAME **D POTTER, KENNETH**
STREET ADDRESS ~~**2131 SANDPIPER DRIVE**~~
CITY-ST-ZIP **CLEARWATER FL 33764**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **12001 44th St. N.**
STREET ADDRESS **Clearwater FL 33764**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

[Signature]

4-7-03

727-758-7712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (10/02)