CR2E034 (4/03

FILED

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

Sep 04, 2003 8:00 am Secretary of State P02000063320 DOCUMENT # 09-04-2003 90064 039 \*\*\*150.00 1. Entity Name TRIBAL BOAT WORKS, INC. Principal Place of Business Mailing Address 123 N SHORE TERR 123 N SHORE TERR PUNTA GORDA FL 33980 PUNTA GORDA FL 33980 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AHRENS, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 123 N SHORE TERR **PUNTA GORDA FL 33980** City Zio 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition AHRENS, MARVIN R NAME NAME 731 CONRIED DR NE STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition AHRENS, WILLIAM H MAME NAME STREET ADDRESS 123 N SHORE TERR STREET ADDRESS PUNTA GORDA FL 33980 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE MARTIN, GEORGE ☐ Addition MARTIN, GEORGE P NAME NAME STREET ADDRESS 3773 PEACE RIVER DR STREET ADDRESS CiTY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE. Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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