

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90008 015 ***158.75

DOCUMENT # **P02000079486**



1. Entity Name
SMILEY'S BOAT RENTALS, INC.

Principal Place of Business
**299 NE WAVECREST CT.
BOCA RATON FL 33432**

Mailing Address
**299 NE WAVECREST CT.
BOCA RATON FL 33432**



2. Principal Place of Business *Boca Raton*
~~BOCA RATON~~ *Red Resort Club*

3. Mailing Address
-

Suite, Apt. #, etc.
501 E Camino Red

CHECK HERE IF MAKING CHANGES

City & State
Boca Raton

City & State

4. FEI Number
043704917

Applied For
Not Applicable

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

Zip **33431** Country

Zip Country

6. Name and Address of Current Registered Agent

**ASHER, AMY S
299 NE WAVECREST CT.
BOCA RATON FL 33432**

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 *Amy Asher* **1/3/03**
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete		TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME AMY ASHER	
STREET ADDRESS		STREET ADDRESS 299 NE WAVECREST CT	
CITY-ST-ZIP		CITY-ST-ZIP BOCA RATON FL 33432	
TITLE <input type="checkbox"/> Delete		TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME DAVID ASHER	
STREET ADDRESS		STREET ADDRESS 299 NE WAVECREST CT	
CITY-ST-ZIP		CITY-ST-ZIP BOCA RATON FL 33432	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 those empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Amy Asher* **1/3/03** **5613922351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)