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

## FILED Apr 02, 2003 8:00 am Secretary of State

1. Entity Nan	MENT YACHTS		00010	)2753					9-2003 90109	044 ***1	150.00	
Principal Place 817 LINDA DI MARY ESTER	· · <del>-</del>	3	817 I	ng Address Linda Drive Y Ester FL 32569					AAN OLU AND UU	14111   1411   141 <b>1</b>		
2. Principal Place of Business				3. Mailing Address			-					
Suite, Apt. #, etc.			Suil	Suite, Apt. #, etc.			======	☐ CHECK HERE IF MAKING CHANGES				=
City & State			City	& State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number   Applied For			pplied For ot Applicable	}	
Zip		Country	Zip		Country	у		Certificate of Status Des		\$8.75 Ad Fee Requir	lditional	
	6. Name	and Address of Cur	rent Register	ed Agent		Maria = sitis=	7. N	ame and Address of	New Registered	Agent		1
HARVEY,		<u> </u>	<del></del>		-	Street Address	(P.O. Bo	x Number is Not Acce	eptable)	<del></del> \		ł
817 LIND/												1
MARY ES	TER FL 325	69			Ļ	City			FL	Zip Coc		J
						,			LF	•   -,		ĺ
			nt for the purp	pose of changing its	registered	d office or registe	ered age	ent, or both, in the State	of Florida. I am I	amiliar with,	and accept	
	tions of registe	ered agent.								amiliar with,	and accept	
the obligat	tions of registe					d office or registe			of Florida. I am I	amiliat with,	and accept	
the obligate SIGNATURE F	Signature, typed	or printed name of registered in FEE IS \$150.00 in Fee will be \$550	egent and title if app						DATE ign Financing	. \$5.0	IO May Be	
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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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED WHILE OF BECKING OFFICER OR DIRECTOR

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