

60-03
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000107518

1. Entity Name

ADVENTURE YACHT SALES INC.



FILED

03 MAY 15 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5773 NW 120 AVE.

3. Mailing Address
5773 NW 120 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number 65-0522868

Applied For
Not Applicable

Zip
33076

Country
US

Zip
33076

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BOB HINTON

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

5773 NW 120 AVE.

City CORAL SPRINGS

FL Zip Code
33076

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 BOB HINTON (P/D)
STREET ADDRESS 5773 NW 120 AVE.
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200019848042
05/23/03--01060--021 **600.00

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IN THIS SPACE**

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 on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICENTE CARMONA

05-14-03

Date

Daytime Phone #

CR200348 (12-02)

91 5115

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS I HAVE DOWNLOADED THE UBR FORM. I AM
ENCLOSING THE UBR FORM ALONG WITH A CHECK PAYBLE TO THE FL.
DEPARTMENT OF STATE. PLEASE MAKE NOTE OF OUR NEW PRINCIPAL AND
MAILING ADDRESS. DUE TO THE CHANGE OF ADDRESS I DID NOT RECEIVE
THE FIRST NOTICE ~~for~~ 2003.

CORDIALLY


BOB HINTON
PRESIDENT