

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90354 011 \*\*\*150.00

0191940 AV

**DOCUMENT # P02000118549**

1. Entity Name  
**DAVOREN MARINA, INC.**



Principal Place of Business  
**2700 FOREST HILLS BLVD UNIT 203  
CORAL SPRINGS FL 33065**

Mailing Address  
**2700 FOREST HILLS BLVD UNIT 203  
CORAL SPRINGS FL 33065**

2. Principal Place of Business  
**9 KENMORE LANE**  
Suite, Apt. #, etc.

3. Mailing Address  
**9 KENMORE LANE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**BOYNTON BEACH, FL**  
Zip  
**33453** Country

City & State  
**BOYNTON BEACH, FL**  
Zip  
**33453** Country

4. FEI Number  
**56-2302067**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

## 7. Name and Address of New Registered Agent

Name  
**DAVOREN, WILLIAM T.**  
Street Address (P.O. Box Number is Not Acceptable)  
**9 KENMORE LANE**  
City **BOYNTON BEACH** FL Zip Code **33453**

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

**4.20.03**

**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 **PSTD** ☐ Delete  
NAME **DAVOREN, WILLIAM T**  
STREET ADDRESS **2700 FOREST HILLS BLVD UNIT 203**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition  
NAME **DAVOREN, WILLIAM T.**  
STREET ADDRESS **9 KENMORE LANE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33453**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.20.03**

CR2E034 (10/02)