

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90088 012 \*\*\*150.00

**DOCUMENT # P02000120681**

1. Entity Name  
**MALLE BOAT WORKS, INC.**



Principal Place of Business  
**3147 SE LIONEL TERRACE  
STUART FL 34997**

Mailing Address  
**3147 SE LIONEL TERRACE  
STUART FL 34997**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**02-0655889**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAWLUC, SONIA M  
717 SE 5TH STREET  
STUART FL 34994**

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

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**

**After September 10, 2003 Fee will be \$750.00**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE **P, O** ☐ Change ☒ Addition  
NAME **PRESIDENT & DIRECTOR**  
STREET ADDRESS **FRANK A. MALLA JR.**  
CITY-ST-ZIP **3319 BRIDGEGATE DRIVE**  
**JUPITER, FL. 33477**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE **S, D** ☐ Change ☒ Addition  
NAME **SECRETARY & DIRECTOR**  
STREET ADDRESS **MARGARET A. MALLA**  
CITY-ST-ZIP **3319 BRIDGEGATE DRIVE**  
**JUPITER, FL. 33477**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/27/03**

Date

**443-336-2932**

Daytime Phone #

CR2E034 (4/03)

Attachment

90153164

#0200/20681

8/27/03

TO: DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL. 32302-1500

BECAUSE THIS IS THE FIRST NOTICE  
I RECEIVED, ~~AND~~ I WOULD LIKE TO HAVE  
THE LATE FEE WAIVED.

Thank's

MALLIE BOAT WORKS, INC.

Frank A. Mallie Jr.

FRANK A. MALLIE JR.

PRESIDENT

I AM SUBMITTING THE ORIGINAL  
\$150.00 FILING FEE.