

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-07-2003 90053 009 ***158.75

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DOCUMENT # P02000123863

1. Entity Name

B & L BOAT WORKS, INCORPORATED



Principal Place of Business
1011 DORCHESTER ST
PORT CHARLOTTE DL 33952

Mailing Address
1011 DORCHESTER ST
PORT CHARLOTTE DL 33952

2. Principal Place of Business

4380 Tamiami Tr.

3. Mailing Address

4380 Tamiami Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pt. Charlotte, Fla

City & State

Pt. Charlotte, Fla

Zip
33980

Country
USA

Zip
33980

Country
USA

4. FEI Number

14-1858406

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
SUITE 1114
MIAMI BEACH FL 33139**

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

Signature, typed or printed name of registered agent and use 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D- President
HUNT, BRIAN
1011 DORCHESTER ST
PORT CHARLOTTE DL 33952**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Hunt, Lisa
1011 Dorchester St.
Port Charlotte, Fla 33952**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

Date

(941)

627-9811

Daytime Phone #

CR2E034 (10/02)