

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000110949	
1. Entity Name	
C & H BOAT TRANSPORT INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7507 OCALA AVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT PIERCE, FL		City & State	
Zip 34951	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2216380		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MARTELL, HUGO	
Street Address (P.O. Box Number is Not Acceptable) 7507 OCALA AVE	
City FORT PIERCE	Zip Code 34951

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  **HUGO MARTELL** **4/26/2006**
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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTELL, HUGO 7507 OCALA AVE FORT PIERCE, FL 34951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000532207 05/15/06-80002-007 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **HUGO MARTELL, PRESIDENT** **4/26/2006** **(772) 979-1626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #