

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90015 021 ***150.00

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

DO NOT WRITE IN THIS SPACE

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

40114332

DO NOT WRITE IN THIS SPACE

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

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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	Zip Code
FORT PIERCE	FL 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 HUGO MARTELL 1/31/2007
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		11.	
TITLE	P	TITLE	
NAME	MARTELL, HUGO	NAME	
STREET ADDRESS	7507 OCALA AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34951	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
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 like empowered.

SIGNATURE: HUGO MARTELL HUGO MARTELL, PRESIDENT 1/31/2007 (772) 979-1626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #