

PO6000154672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

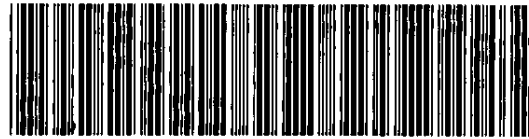
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/15/10--01007--006 **35.00

Amend
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10/1/10

2010 OCT 12 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BOAT LIFT PRO INC

DOCUMENT NUMBER: P06000154672

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RANDY SKIVER
Name of Contact Person

BOAT LIFT PRO INC
Firm/ Company

939 Bay Dr.
Address

SUMMERLAND KEY, FL 33042
City/ State and Zip Code

KAEJAY 77 @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANDY SKIVER at (305) 515 0067
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2010

RANDY SKIVER
BOAT LIFT PRO, INC.
939 BAY DRIVE
SUMMERLAND KEY, FL 33042

SUBJECT: BOAT LIFT PRO, INC.
Ref. Number: P06000154672

We have received your document for BOAT LIFT PRO, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please provide us with the officer signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 610A00022087

RECEIVED
10 OCT 12 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2010 OCT 12 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Page 1 of 3

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRES</u>	<u>RANDY SKIVER</u>	<u>939 BAY DR.</u> <u>SUMMERLAND KEY</u> <u>33042</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>TD</u>	<u>RANDY SKIVER</u>	<u>939 BAY DR</u> <u>SUMMERLAND KEY, FL</u> <u>33042</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TD</u>	<u>JOSEPH SKIVER</u>	<u>939 BAY DR.</u> <u>SUMMERLAND KEY FL</u> <u>33042</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 9/13/10
(date of adoption is required)
Effective date if applicable: 9/13/10
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9/13/10

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

RANDY SKIVER

(Typed or printed name of person signing)

TD

(Title of person signing)