

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90116 033 ***150.00

DOCUMENT # P93000005310

1. Entity Name
MOORINGS U.S. YACHT SERVICES, INC.



Principal Place of Business
2550 S. BAYSHORE DR.
STE. 10 & 11
MIAMI FL 33133

Mailing Address
19345 US HWY 19 N.
4TH FL.
CLEARWATER FL 33764



2. Principal Place of Business

19345 US 19 N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
4TH FLOOR

City & State
Clearwater FL

City & State

4. FEI Number **59-3164251**

Applied For
Not Applicable

Zip
33764

Country
U.S.

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASON, ANNE M
MASON & ASSOCIATES
17757 U.S. HIGHWAY 19 N., SUITE 500
CLEARWATER FL 34624

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **WARSHAW, ARTHUR**
STREET ADDRESS **19345 U.S. HWY 19 N., 4TH FL.**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D** ☒ Change ☐ Addition
NAME **WARSHAW, ARTHUR**
STREET ADDRESS **19345 US 19 N, 4TH FL**
CITY-ST-ZIP **Clearwater FL 33764**

TITLE **TD** ☐ Delete
NAME **SCHANTZ, MICHAEL J**
STREET ADDRESS **19345 US 19 NORTH, 4TH FLOOR**
CITY-ST-ZIP **CLEARWATER FL 33764**

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

TITLE **DV** ☐ Delete
NAME **RAAS, ALEXANDER**
STREET ADDRESS **19345 US 19 NORTH, 4TH FLOOR**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **DP** ☒ Change ☐ Addition
NAME **Raas, Alexander**
STREET ADDRESS **19345 US 19 N, 4TH FLOOR**
CITY-ST-ZIP **Clearwater FL 33764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Birkholz, Hans**
STREET ADDRESS **19345 US 19 N, 4TH FL**
CITY-ST-ZIP **Clearwater FL 33764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

Michael J. Schantz **3/7/03**
727-530-5424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)