

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029737

1. Entity Name

SHIPS COMPANY YACHT MANAGEMENT, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90054 045 ***150.00

Principal Place of Business

622 6TH TERRACE
PALM BCH. GARDENS FL 33418

Mailing Address

4521 PGA BLVD
STE 273
PALM BCH GRDNS FL 33418-3997
US

2. Principal Place of Business

3. Mailing Address

4521 PGA Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 273

City & State

City & State

Palm Beach Gardens, FL

Zip

Country

Zip

Country

33418 USA

4. FEI Number

65-0412186

Applied For

Not Applicable

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

KING, ROBERT
622 6TH TERRACE
PALM BCH. GARDENS FL 33418

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME KING, ROBERT
STREET ADDRESS C/O 622 6TH TERRACE
CITY-ST-ZIP PALM BCH. GARDENS FL 33418

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

TITLE ☐ Delete
NAME KING, DIANE R
STREET ADDRESS C/O 622 6TH TERRACE
CITY-ST-ZIP PALM BCH. GARDENS FL 33418

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert S. King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

561-627-9934