

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90001 038 ***150.00

DOCUMENT # P93000042637

1. Entity Name

YACHT SERVICE PROFESSIONALS, INC.

Principal Place of Business

Mailing Address

3601 M.W. S RIVER DR
 TRAVAH LIFT YARD
 FL 33142
 US

P.O. BOX 331931
 MIAMI FL 33233-1931
 US

60016013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0421601**

Applied For

Not Applicable

Zip

Country

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

VAN DER VEEN, JAMES R
3400 PAN AMERICAN DR
COCONUT GROVE FL 33133

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	P	<input type="checkbox"/> Delete
NAME	VAN DER VEEN, JAMES R	
STREET ADDRESS	P.O. BOX 331931 NA	
CITY-ST-ZIP	COCONUT GROVE FL 33233-1931	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KURCHER, LARY	
STREET ADDRESS	P.O. BOX 331931 NA	
CITY-ST-ZIP	COCONUT GROVE FL 33233-1931	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOHR, ROM	
STREET ADDRESS	P.O. BOX 331931 NA	
CITY-ST-ZIP	COCONUT GROVE FL 33233-1931	
TITLE	V	<input type="checkbox"/> Delete
NAME	MQQUICKLIN, RICK	
STREET ADDRESS	P.O. BOX 331931 NA	
CITY-ST-ZIP	COCONUT GROVE FL 33233-1931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY ROLLE	
STREET ADDRESS	P.O. Box 331931	
CITY-ST-ZIP	COCONUT GROVE, FL 33233-1931	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN WOODWARD	
STREET ADDRESS	P.O. Box 331931	
CITY-ST-ZIP	COCONUT GROVE, FL 33233-1931	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHR, RON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: J. R. Van der Veen **2/3/00** **305-332-8304**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)