

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90265 046 ***150.00

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DOCUMENT # P93000042637

1. Entity Name

YACHT SERVICE PROFESSIONALS, INC.



Principal Place of Business

**3801 M.W. S RIVER DR
TRAVAH LIFT YARD
MIAMI FL 33142
US**

Mailing Address

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



2. Principal Place of Business

3400 Pan American Dr

Suite, Apt. #, etc.

Dinner Key Marine

City & State

Coconut Grove, Florida

Zip
33133

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0421601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **VAN DER VEEN, JAMES R**
STREET ADDRESS **P.O. BOX 331931 NA**
CITY-ST-ZIP **COCONUT GROVE FL 33233-1931**

TITLE **VD** ☐ Delete
NAME **WOODWARD, JOHN**
STREET ADDRESS **P.O. BOX 331931 NA**
CITY-ST-ZIP **COCONUT GROVE FL 33233-1931**

TITLE **VD** ☐ Delete
NAME **MOQUICKLIN, RICK**
STREET ADDRESS **P.O. BOX 331931 NA**
CITY-ST-ZIP **COCONUT GROVE FL 33233-1931**

TITLE **VD** ☐ Delete
NAME **TERRA, RAPHAEL**
STREET ADDRESS **P.O. BOX 331931**
CITY-ST-ZIP **COCONUT GROVE FL 33233**

TITLE **VD** ☐ Delete
NAME **Cruz Pedro**
STREET ADDRESS **P.O. Box 331931**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Change ☒ Addition
NAME **Cruz Pedro**
STREET ADDRESS **P.O. Box 331931**
CITY-ST-ZIP **COCONUT GROVE FL 33233**

TITLE **VD** ☒ Change ☐ Addition
NAME **Woodruff, John**
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

J. DE VEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/03

305 332 8304

Date

Daytime Phone #

CR2E034 (10/02)