

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000071118

1. Entity Name

GOLD KEY YACHT SALES, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90322 017 \*\*\*150.00

Principal Place of Business

1650 SE 17TH STREET  
202  
FT LAUDERDALE FL 33316  
US

Mailing Address

1650 SE 17TH STREET  
202  
FT LAUDERDALE FL 33316  
US

2. Principal Place of Business

400 S.E. 12th St.

3. Mailing Address

400 S.E. 12th St.

Suite, Apt. #, etc.

Suite "C"

Suite, Apt. #, etc.

Suite "C"

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0449601

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA

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

EDWARDS, CHARLES  
1650 SE 17TH STREET  
SUITE 202  
FT. LAUDERDALE FL 33316

Name

Charles Edwards

Street Address (P.O. Box Number is Not Acceptable)

400 S.E. 12th Street

Suite "C"

City

Ft. Lauderdale

FL

Zip Code

33316

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.

Charles Edwards

(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, 2001 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 D  
STREET ADDRESS EDWARDS, CHARLES  
CITY-ST-ZIP 1650 SE 17TH STREET #202  
FT LAUDERDALE FL

TITLE ☒ Change ☐ Addition  
NAME Edwards, Charles  
STREET ADDRESS 521 S.E. 9th Avenue  
CITY-ST-ZIP Pompano Beach, FL 33060

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Edwards

DATE

954-764-7775

Daytime Phone #

CR2E034 (10/00)