

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080444

1. Entity Name

VERNESE CUSTOM BOATWORKS, INC.

Principal Place of Business

3821 RIDGEHAVEN RD
FT PIERCE FL 34946
US

Mailing Address

3821 RIDGEHAVEN RD
FT PIERCE FL 34946
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HANSEN, PATRICIA
4811 S INDIAN RIVER DRIVE
FT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name

HANSEN, PATRICIA A

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

3758 SPINNAKER CT

City

FORT PIERCE

FL

Zip Code

34946

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

Patricia A Hansen, sec PATRICIA A. HANSEN *Patricia A Hansen* 1-8-01
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, 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

TITLE	STV	<input type="checkbox"/> Delete
NAME	HANSEN, PATRICIA A	
STREET ADDRESS	4811 S INDIAN RIVER DR	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	P	<input type="checkbox"/> Delete
NAME	VERNESE, MICHAEL P	
STREET ADDRESS	4811 S INDIAN RIVER DR	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, PATRICIA A.	
STREET ADDRESS	3758 Spinnaker Ct	
CITY-ST-ZIP	Fort Pierce FL 34946	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vernese, Michael P.	
STREET ADDRESS	3758 Spinnaker Ct	
CITY-ST-ZIP	Fort Pierce, FL 34946	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vernese, Brandon	
STREET ADDRESS	1300 Seaway Dr. B-7	
CITY-ST-ZIP	Fort Pierce, FL 34949	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vernese, Damon	
STREET ADDRESS	1300 Seaway Dr. B-7	
CITY-ST-ZIP	Fort Pierce FL 34949	
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: *Patricia A Hansen sec.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01 561-465-4849
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)