

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084064

1. Entity Name

PALM BEACH YACHT BROKERAGE, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90149 013 ***150.00

Principal Place of Business

226 ROYAL PALM WAY
PALM BCH. FL 33480
US

Mailing Address

226 ROYAL PALM WAY
PALM BCH. FL 33480-4305
US

2. Principal Place of Business

310 Royal Palm Way
Suite, Apt. #, etc.

3. Mailing Address

310 Royal Palm Way
Suite, Apt. #, etc.

City & State

Palm Beach, FL
Zip 33480 Country USA

City & State

Palm Beach, FL
Zip 33480 Country US

4. FEI Number

65-0458632

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, ROBERT W
214 GREYMON DR.
WEST PALM BEACH FL 33405

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.

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

TITLE PS
NAME RAYMOND, ROBERT W.
STREET ADDRESS 214 GREYMON DR.
CITY-ST-ZIP WEST PALM BCH. FL ☐ Delete

TITLE CT
NAME RAYMOND, DIANE MONTGOME
STREET ADDRESS 214 GREYMON DR
CITY-ST-ZIP WEST PALM BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

Rob W. Raymond

Date

1/25/2000

Daytime Phone #

561/835-8393