FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000085257

1. Entity Name

BOAT HOUSE DISCOUNT MARINE, INC.

## 03-15-2001 90214 002 \*\*\*158.75 Principal Place of Business Mailing Address 394 ARROWHEAD LANE 394 ARROWHEAD LANE MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3223156 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISHER, CHARLES M Street Address (P.O. Box Number is Not Acceptable) 394 ARROWHEAD LANE **MELBOURNE BEACH FL 32951** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE-NOW!!I-FEE-IS-\$150.00-9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE GARDINER, DONALD R NAME NAME STREET ADDRESS STREET ADDRESS 418 ARROWHEAD LANE CITY-ST-ZIP CITY-ST-ZIP MELBOURNE BEACH FL ☐ Delete TITLE ☐ Change Addition TITLE NAME FISHER, CHARLES M NAME STREET ADDRESS STREET ADDRESS 394 ARROWHEAD LANE CITY-ST-7IP CITY-ST-ZIP MELBOURNE BEACH FL ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not challfy 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 receive or trystee embowers to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or changed, or on an attach

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR