

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087332

1. Entity Name

WAYNE ROMAN YACHT SALES, INC.

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90103 023 \*\*\*150.00

Principal Place of Business

155 EAST BLUE HERON BLVD  
 RIVIERA BEACH FL 33404

Mailing Address

155 EAST BLUE HERON BLVD  
 RIVIERA BEACH FL 33404-4500

2. Principal Place of Business

64 East Blue Heron Blvd  
 Suite, Apt. #, etc.

3. Mailing Address

64 East Blue Heron Blvd  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Riviera Beach, FL

Zip

33404

Country

USA

City & State

Riviera Beach, FL

Zip

33404

Country

USA

4. FEI Number

65-0455184

Applied For

Not Applicable

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

ROMAN, WAYNE R  
 155 EAST BLUE HERON BLVD.  
 RIVIERA BEACH FL 33404

Name

Roman, Wayne R

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

64 East Blue Heron Boulevard

City

Riviera Beach

FL

Zip Code  
 33404

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

*Wayne R. Roman*

Wayne R. Roman, Agent

02/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROMAN, WAYNE R	
STREET ADDRESS	155 E BLUE HERON BLVD	
CITY-ST-ZIP	RIVIERA BEACH FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, WAYNE R.	
STREET ADDRESS	64 E BLUE HERON BLVD	
CITY-ST-ZIP	RIVIERA BEACH, FL	
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		
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:

*Wayne R. Roman*

WAYNE R. ROMAN

561-844-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)