

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000011016

1. Entity Name

MIDCOAST YACHT SALES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90924 024 ***150.00

0512795

Principal Place of Business

Mailing Address

15252 121 TERRACE
JUPITER FL 33478

PO BOX 696
JUPITER FL 33468

2. Principal Place of Business

15252 121 Terrace
Suite, Apt. #, etc.

3. Mailing Address

PO Box 696
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jupiter FL

City & State

Jupiter FL

4. FEI Number

65-0472037

Applied For

Not Applicable

Zip

33478

Country

FLA Beach

Zip

33468

Country

FLA Beach

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMES, JOHN A
15252 121 TERRACE
JUPITER FL 33478

7. Name and Address of New Registered Agent

Name

NA

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, 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 PS
NAME AMES, JOHN A
STREET ADDRESS 15252 121 TERRACE
CITY-ST-ZIP JUPITER FL 33478 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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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
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

John Ames
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 561 743 6468

Date

Daytime Phone #

CR2E034 (10/00)