

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044434

1. Entity Name

FLORIDA POWERBOAT BROKERAGE, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90115 004 \*\*\*150.00

Principal Place of Business

240 S.W. 32ND COURT  
FORT LAUDERDALE FL 33315

Mailing Address

240 S.W. 32ND COURT  
FORT LAUDERDALE FL 33312-5071

2. Principal Place of Business

3402 SW 26th Terrace

Suite, Apt. #, etc.

B-3

City & State

Dania, FL

3. Mailing Address

3402 SW 26th Terrace

Suite, Apt. #, etc.

Suite B-3

City & State

Dania, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0518236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SWEERS, RANDALL A  
100 S.W. 28 ST.  
FORT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name

Randall A. Sweers

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

3402 SW 26th Terrace

Suite B3

City

Dania

FL

Zip Code

33312

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 P  
NAME SWEERS, RANDALL A  
STREET ADDRESS 100 S.W. 28 ST.  
CITY-ST-ZIP FORT LAUDERDALE FL 33315

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Randall A. Sweers  
STREET ADDRESS 3402 SW 26th Terrace, Suite B3  
CITY-ST-ZIP Dania, FL 33312

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

1/17/2000

Date

954 581 8355

Daytime Phone #