

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **794006056137**

1. Entity Name

**HOVERCRAFT Concepts INC**

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

05-03-2001 90991 028 \*\*\*150.00

Principal Place of Business

Mailing Address

**PO Box 56-2410**  
**Miami FL 33256**

**SAME**

2. Principal Place of Business

**PO Box 56-2410**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 56-2410**

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami FL**

4. FEI Number

**65-0510186**

Applied For

Not Applicable

Zip

Country

**33256**

**US**

Zip

Country

**33256**

**US**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Kevin Bedsworth**  
**13910 SW 139th CT**  
**Miami FL 33186**

Name

**STEVEN H. NATURMAN**

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

**9130 S. Dade Blvd**

**Suite 1509**

City

**Miami**

**FL**

Zip Code

**33156**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to:**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **Bedsworth, Kevin D.**  
STREET ADDRESS **8255 SW 94th**  
CITY-ST-ZIP **Miami FL**

TITLE **DP** ☒ Change ☐ Addition  
NAME **Bedsworth, Kevin D.**  
STREET ADDRESS **PO Box 56-2410**  
CITY-ST-ZIP **Miami, FL 33256**

TITLE **DVP** ☐ Delete  
NAME **Flett, William E.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVP** ☒ Change ☐ Addition  
NAME **Flett, William E.**  
STREET ADDRESS **PO Box 56-2410**  
CITY-ST-ZIP **Miami, FL 33256**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (11/00)