

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90124 046 ***150.00

DOCUMENT # P94000056137 ✓**1. Entity Name**
HOVERCRAFT CONCEPTS, INC.**Principal Place of Business****PO BOX 56-2410**
MIAMI FL 33256
US**Mailing Address****PO BOX 56-2410**
MIAMI FL 33256
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0510186Applied 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****NATURMAN, STEVEN H**
9130 S. DADELAND BLVD
SUITE 1509
MIAMI FL 33156

Name

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. I am familiar with, and accept the obligations of registered agent.**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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Delete
NAME **DP BEDSWORTH, KEVIN D**
STREET ADDRESS **PO BOX 56-2410**
CITY-ST-ZIP **MIAMI FL 33256****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME **DVP FLETT, WILLIAM E**
STREET ADDRESS **PO BOX 56-2410**
CITY-ST-ZIP **MIAMI FL 33256****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

HOVERCRAFT CONCEPTS, INC.

P94000056137

July 22, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Hovercraft Concepts, Inc.
P94000056137

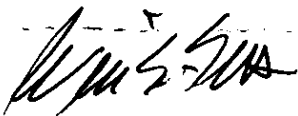
To Whom It May Concern:

As per our telephone conversation with your agent, we are writing to you to request a one-time waiver to renew the above corporation, along with a \$150 payment for the year 2002, as instructed.

After speaking with your agent, we realized that the annual report had been mailed to the wrong address. Our business address is: P.O. Box 56-724, Miami, Florida 33256.

We would appreciate any help you can provide. Thanking you for your consideration.

Sincerely,



William E. Flett
President