

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90144 013 ***400.00
07-14-2003 90331 026 ***158.75

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1. Entity Name
HIDEAWAY YACHT SALES, INC.



Principal Place of Business
**599 SOUTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062**

Mailing Address
**CHASEWOOD PLAZA SUITE 30
6390 INDIANTOWN RD
JUPITER FL 33458
US**

2. Principal Place of Business

3. Mailing Address

599 S. Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

4. FEI Number **59-4397046**

Applied For

Not Applicable

Zip

Country

Zip

Country

33062

USA

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

**GUMSON, ESQ A
63990 INDIANTOWN RD., STE 30
JUPITER FL 33458**

Name **F. RONALD MASTRIANA, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
**1500 NORTH FEDERAL HIGHWAY
SUITE 200
FORT LAUDERDALE FL 33304**

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, the registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **GAUDREAU, PIERRE**
STREET ADDRESS **599 SOUTH FEDERAL HIGHWAY**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D** ☐ Delete
NAME **GAUDREAU, ANDRE**
STREET ADDRESS **599 SOUTH FEDERAL HIGHWAY**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/03

954-943-3200

Date

Daytime Phone #

CR2E034 (10/02)