

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90044 014 \*\*\*150.00

0137461 AV

**DOCUMENT # P94000060123**

1. Entity Name  
**A.S.A.P. YACHT DOCUMENTATION AND REGISTRATION, I NC.**



Principal Place of Business  
**137 SE 2 AVENUE  
DANIA FL 33004  
US**

Mailing Address  
**137 SE 2 AVENUE  
DANIA FL 33004  
US**



2. Principal Place of Business

**324 SE 2 AVENUE**

3. Mailing Address

**324 SE 2 AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**DANIA BEACH, FL**

City & State

**DANIA BEACH, FL**

4. FEI Number **65-0524026**

Applied For

Not Applicable

Zip **33004**

Country **USA**

Zip **33004**

Country **USA**

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

6. Name and Address of Current Registered Agent

**SWARTZ-PAINTER, JANICE M  
137 SE 2 AVENUE  
DANIA FL 33004**

7. Name and Address of New Registered Agent

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

**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 **P** ☒ Delete  
NAME **SWARTZ-PAINTER, JANICE M**  
STREET ADDRESS **137 SE 2 AVENUE**  
CITY-ST-ZIP **DANIA FL 33004**

TITLE **SWARTZ-PAINTER, JANICE M** ☐ Delete  
NAME **JANICE M**  
STREET ADDRESS **324 SE 2 AVENUE**  
CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE **DANIA BEACH** ☐ Delete  
NAME **FL 33004**  
STREET ADDRESS **PRES.**  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANICE M. SWARTZ-PAINTER**

**PRESIDENT 9549262389**

Date

Daytime Phone #

CR2E034 (10/02)