## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

## **FILED** Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P94000092942** CALLAHAN YACHTS, INC. 04-17-2000 90132 030 \*\*\*150.00 Principal Place of Business Mailing Address 2841 NE 47TH STREET 2841 NE 47TH STREET LIGHTHOUSE POINT FL 33064-7133 PIDODOLIT LIGHTHOUSE POINT FL 33064 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0546076 Not Applicable \$8.75 Additional Country Country Zin 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEUINI CALLAHAH CALLAHAN, KEVIN Street Address (P.O. Box Number is Not Acceptable) 906 SE 10TH TERRACE 2841 NE 47th STREET **DEERFIELD BEACH FL 33441** JGHT HOUSE 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME 2841 NE 47 STREET CALLAHAN, KEVIN STREET ADDRESS STREET ADDRESS 906 SE 10TH TERRACE LIGHTHOUSE POINT, FL CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** TITLE ☐ Delete TITLE NAME NAME CALLAHAN, LISA 2841 NE 47 STREET STREET ADDRESS STREET ADDRESS 906 SE 10TH TERRACE CITY-ST-ZIP OINT-| FL 33064 □ Change □ Add CITY-ST-7IP DEERFIELD BEACH FL TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS 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