2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000003138 **DOCUMENT #**

1. Entity Name

G & S BOATWORKS, INC.



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90140 018 ***150.00

Principal Place of Business 420C SOUTHERN BLVD WEST PALM BEACH FL 33405				Mailing Address 420C SOUTHERN BLVD WEST PALM BEACH FL 33405									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				00100101				oplied For ot Applicable	
Zìp	Country				Coun			. Certificate of Statu		F.	8.75 Addee Require		
	ed Agent		Name	7	. Name and Addres	s of New Regis	stered Ag	jent-					
SCHURTER, GEORGE S							Street Address (P.O. Box Number is Not Acceptable)						
420C SOUTHERN BLVD				Street			ddress (P.O.	. Box Number is Not	Acceptable)				
WEST PALM BEACH FL 33405													
						City					Zip Cod	e	
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						•	***		ampaign Financ Contribution.	ing		0 May Be to Fees	
10. OFFICERS AND				DIRECTORS 11.				I ADDITIONS/CHANG	SES TO OFFICER	RS AND E	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	420C SOU	R, GEORGE S THERN BLVD M BEACH FL 33405		☐ Delete			•			[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		R, KATHY L THERN BLVD M BEACH FL 33405		☐ Delete						[Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	_	****	 ,	□ Delete _	NAME STREE	-	, to the second			[□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete]	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	portific that the	b information supplied with	th this fills	Delete	CITY-	ET ADDRESS ST-ZIP	ad in Castin	- 110 07/0V ³ 51-1-1	lo Statuto a 14		Change	Addition	

reflectly certify that the information supplied with this liting does not qualify for the exemption stated in Section 119.07(3)(), 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.