## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachn

## May 23, 2002 8:00 am Secretary of State P95000008372 DOCUMENT # 1. Entity Name 05-23-2002 90009 039 \*\*\*150.00 **BOAT & MOTOR REPAIR, INC.** Mailing Address Principal Place of Business 314 AVENUE 5950 PENNINSULAS AVE. STOCK ISLAND FL 33040 BIG COPPITT KEY FL 33040 2. Principal Place of Business 3. Mailing Address 138, how un Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0567156 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Nonnoe Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUNBURY, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 111 KEY HAVEN RD. KEY WEST FL 33040 Zip Code City FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE SUNBURY, RICHARD NAME NAME STREET ADDRESS 111 KEY HAVEN RD. STREET ADDRESS KEY WEST FL 33040 CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NĀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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

ther like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**