

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

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5/

05-01-2003 90917 001 \*\*\*\*\*8.75  
05-01-2003 90917 002 \*\*\*150.00

**DOCUMENT # P95000014962**

1. Entity Name  
**WORLD OCEAN CLUB, INC.**



Principal Place of Business  
**3545 N.E. INDIAN RIVER DR.  
JENSEN BEACH FL 34957  
US**

Mailing Address  
**3545 N.E. INDIAN RIVER DR.  
JENSEN BEACH FL 34957  
US**

**55043644**



2. Principal Place of Business  
**555 N.E. Ocean Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**3899 N.E. Skyline Dr**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Stuart FL**  
Zip  
**34997**  
Country  
**Martin**

City & State  
**Jensen Beach FL**  
Zip  
**34957**  
Country  
**Martin**

4. FEI Number **APPLIED FOR**  
**850 617290**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**THE POWER BOAT CLUB  
3545 N.E. INDIAN RIVER DRIVE  
JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent  
Name  
**The Power Boat Club**  
Street Address (P.O. Box Number is Not Acceptable)  
**3899 N.E. Skyline Dr**  
City  
**Jensen Beach** FL Zip Code  
**34957**

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 **Christopher M Schultz PD. Christopher M Schultz**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying)

**4/28/03**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHULTZ, CHRIS 3889 N.E. SKYLINE DRIVE JENSEN BEACH FL 34957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Christopher M Schultz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03 772 2254889**  
Date Daytime Phone #

CR2034 (10/02)

Attachment

55043624

HP95000011962



Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0023

1996

DETACH HERE

\* U.S. GOVERNMENT PRINTING OFFICE: 1996-407-02

Form 940-V Payment Voucher

( 65-0617290 )

650617290 JD WORLD LD 2 9612 610

WORLD OCEAN CLUB INC  
% CHRISTOPHER SCHULTZ  
1790 RIDGE RD  
NO PALM BEACH FL 33408-2654

INTERNAL REVENUE SERVICE  
P.O. BOX 105887  
ATLANTA GA 30348-5887

\$ Enter the amount of your payment Use this voucher when making a payment with your tax return.  
Do not attach this voucher to your payment or your return.