2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P95000026595 Changed Name to: FOR YACHTS INTERNATIONAL, INC. 01-30-2001 90005 008 ***150.00 Principal Place of Business 99228 OVERSEAS HIGHWAY 99228 OVERSEAS HIGHWAY KEY LARGO FL 33037 KEY LARGO FL 33037 ロクロエひひせつ KOX 416 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0571723 no o Not Applicable \$8.75 Additional 5. Certificate of Status Desired NIONEGE Fee Required Monnoy 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CULLEN, RUSSELL H ESQ. Street Address (P.O. Box Number is Not Acceptable) 99228 OVERSEAS HIGHWAY KEY LARGO FL 33037 City 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. 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 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS P.O. BOX 456 REY MARON, FL 33037 ☐ Delete TITLE TITLE **CULLEN, TANYA** NAME MAME STREET ADDRESS STREET ADDRESS 99228 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete TITLE MO BOD 40 P CULLEN, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 99228 OVERSEAS HIGHWAY CITY-ST-7IP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: