

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90188 033 ***150.00

DOCUMENT # **P95000035761**

1. Entity Name
DAKOTA Yachts Industries, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business **1985 SE Airport Rd** 3. Mailing Address **1985 SE Airport Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Stuart FL** City & State **Stuart FL**

Zip **34996** Country **U.S.A.** Zip **34996** Country **U.S.A.**

6. Name and Address of Current Registered Agent
Passey, Joseph F Jr.
5012 MALLARD PLACE
COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0578244** Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete	PD Passey, Joseph F Jr	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5012 MALLARD PLACE	NAME	
STREET ADDRESS	COCONUT CREEK, FL 33073	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	VD Beattie, Scott B	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1550 NE 40 PLACE	NAME	
STREET ADDRESS	FT LAUDERDALE FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	St Passey, Catherine	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5012 MALLARD PLACE	NAME	
STREET ADDRESS	COCONUT CREEK, FL 33073	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Catherine Passey** Date **4/20/00** Daytime Phone # **561-781-4122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)