## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## Apr 07, 2001 8:00 am Secretary of State DOCUMENT # P95000035761 DAKOTA YACHTS INDUSTRIES, INC. 04-07-2001 90021 047 \*\*\*150.00 Principal Place of Business Mailing Address 1985 SE AIRPORT RD 1985 SE AIRPORT RD 80026454 STUART FL 34996 STUART FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0578244 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PASSEY, JOSEPH F JR. Street Address (P.O. Box Number is Not Acceptable) 5012 MALLARDS PLACE **COCONUT CREEK FL 33073** City Zip Code nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits his state SIGNATI FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intang \$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) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition CR2E034 (10/00) TITLE Delete TITLE PASSEY, JOSEPH F JR NAME NAME STREET ADDRESS STREET ADDRESS 5012 MALLARDS PLACE CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33073 TITLE ☐ Change ☐ Addition TITLE NAME NAME BEATTLE, SCOTT B STREET ADDRESS STREET ADDRESS 1550 NE 40 PLACE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change TITLE Delete ☐ Addition NAME PASSEY, CATHERINE -NAME. STREET ADDRESS STREET ADDRESS 5012 MALLARDS PLACE CITY-ST-ZIP CITY-ST-7IP COCONUT CREEK FL 33073 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 pay signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation at the reserver or trustee embowered to execute this report as fequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an appears with all other like empowered.