

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90093 008 \*\*\*150.00

DOCUMENT # P95000048816

1. Entity Name  
**BOAT DEALERS' ALLIANCE, INC.**

Principal Place of Business MAIN STREET CT 06357	Mailing Address 133 MAIN STREET NIAN TIC CT 06357-3207
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>41-1822266</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>NAGIN, STEPHEN E</b> <b>3225 AVIATION AVENUE THIRD FLOOR</b> <b>MIAMI FL 33133-4741</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		<b>FL</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	EDO	<input type="checkbox"/> Delete		TITLE	EDO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ODSON, BRIAN			NAME	OLSON, BRIAN		
STREET ADDRESS	133 MAIN STREET			STREET ADDRESS	133 MAIN STREET		
CITY-ST-ZIP	NIANTIC CT 06357			CITY-ST-ZIP	NIANTIC, CT 06357		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOUCY, ROBERT			NAME			
STREET ADDRESS	SPRING POINT MARINE			STREET ADDRESS			
CITY-ST-ZIP	SOUTH PORTLAND ME 04116			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUMPKIN, TONY			NAME			
STREET ADDRESS	2600 BUCK'S ISLAND ROAD			STREET ADDRESS			
CITY-ST-ZIP	SOUTHSIDE AL 35907			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KILLINGER, GENE			NAME			
STREET ADDRESS	84 WEST AIRPORT BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROCKER, KAY			NAME			
STREET ADDRESS	528 WAYNICK BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	WRIGHTSVILLE BEACH NC 28480			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANKLIN, FRANK			NAME			
STREET ADDRESS	25 SOUTH TERRELL STREET			STREET ADDRESS			
CITY-ST-ZIP	METTER GA 30439			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 [Signature] EXECUTIVE DIRECTOR (860) 691-3013

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)