

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90045 050 \*\*\*158.75

**DOCUMENT # P95000048816**

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

Principal Place of Business  
**133 MAIN STREET**  
**NIANTIC CT 06357**

Mailing Address  
**133 MAIN STREET**  
**NIANTIC CT 06357**

2. Principal Place of Business  
**21 E. MAIN ST.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**21 E. MAIN ST.**  
 Suite, Apt. #, etc.

City & State  
**MYSTIC, CT**  
 Zip  
**06355**

City & State  
**MYSTIC, CT**  
 Zip  
**06355**

4. FEI Number **41-1822266**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NAGIN, STEPHEN E**  
**3225 AVIATION AVENUE THIRD FLOOR**  
**MIAMI FL 33133-4741**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

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, 2001 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	EDO	<input type="checkbox"/> Delete	TITLE	EXO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODSON, BRIAN		NAME	OLSON, BRIAN	
STREET ADDRESS	133 MAIN STREET		STREET ADDRESS	21 E. MAIN ST.	
CITY-ST-ZIP	NIANTIC CT 06357		CITY-ST-ZIP	MYSTIC, CT. 06355	
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: BRIAN P. OLSON, EXEC DIR. 02/19/01 860 536-6388  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)