

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90202 036 ***150.00

0612103 AV

DOCUMENT # P95000066486

1. Entity Name
TRIBUTE PERFORMANCE BOATS, INC.



Principal Place of Business
**8626 SW PERRY LANE
STUART FL 34997**

Mailing Address
**8626 SW PERRY LANE
STUART FL 34997**

2. Principal Place of Business
7378 SW 48th AVE.
Suite, Apt. #, etc.

3. Mailing Address
7378 SW 48th AVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PALEM CITY, FL
Zip
34990
Country
USA

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PALEM CITY, FL
Zip
34990
Country
USA

4. FEI Number **65-0605010** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHEFFER, RICHARD T
8626 SW PERRY LANE
STUART FL 34997**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7378 SW 48th AVE.
City **PALEM CITY** **FL** Zip Code **34990**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEFFER, RICHARD T 8626 SW PERRY LANE STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEFFER, GAIL 8626 SW PERRY LANE STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7378 SW 48th AVE. PALEM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7378 SW 48th AVE. PALEM CITY, FL 34990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF SIGNED - GAIL R. SCHEFFER 4/14/03 - 287-1520 (772-)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)