

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90104 043 ***150.00

DOCUMENT # P95000082984

1. Entity Name
MARTIN YACHT CORPORATION

Principal Place of Business

Mailing Address

~~0148 BUNITA BLVD~~
~~#205~~
~~BONITA SPRINGS FL 34135~~
 US

~~0148 BUNITA BLVD~~
~~#205~~
~~BONITA SPRINGS FL 34135~~
 US

2. Principal Place of Business

3. Mailing Address

6380 Cocos Drive

16520 S. Tamiami Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft Myers FL

Ft Myers FL

Zip

Country

Zip

Country

33908

33908

4. FEI Number **65-0620844**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAHLIN, PATRICIA S
~~0148 BONITA BCH. RD~~
~~#205~~
~~BONITA SPRINGS FL 34135~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
6380 Cocos Drive
 City **Ft Myers** **FL** Zip Code **33908**

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 *Patricia S Dahl*

4/2/01

Signature, typed or printed name of registered agent and title if applicable.

(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)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD			
	MARTIN, JAMES E	P.O. BOX 1427	BOCA RATON FL 33921	<input type="checkbox"/>
	V			
	DAHLIN, PATRICIA S	0148 BONITA SPRINGS RD #205	BONIA SPRINGS FL 34135	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		BOCA GRANDE, FL	33921	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		6380 Cocos Drive	Ft Myers FL 33908	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Patricia S Dahl*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia S. Dahl 941-948-0808
 Date 4/2/01 Daytime Phone #

0829456

CR2E034 (10/00)