

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085052

1. Entity Name
M & D YACHT REFINISHING, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90163 042 ***150.00

Principal Place of Business 1037 S.W. 49TH TERRACE PLANTATION FL 33317	Mailing Address 1037 S.W. 49TH TERRACE PLANTATION FL 33317
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>M & D Yacht Refinishing</i> Suite, Apt. #, etc. <i>9995 Nob Hill Dr</i> City & State <i>Sunrise FL 33351</i> Zip <i>33351</i> Country <i>Sunrise</i>	3. Mailing Address <i>2942 Drew St</i> Suite, Apt. #, etc. <i>1534</i> City & State <i>Clearwater, FL 33759</i> Zip <i>33759</i> Country <i>PINEHALL</i>
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4. FEI Number 65-0617263	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TRAN, MINH QUOC 1037 S.W. 49TH TERRACE PLANTATION FL 33317

7. Name and Address of New Registered Agent 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 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	DP TRAN, MINH QUOC 1037 S.W. 49TH TERRACE PLANTATION FL 33317 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)