

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **095000085184**

1. Entity Name

LIBRA YACHTS INC

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 25 PM 2: 25

Principal Place of Business

Mailing Address

**11021 SW 9TH PLACE,
DAVIE, FL 33324**

SAME.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0631359

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

**SHARON C SCALES
11021 SW 9TH PLACE
DAVIE, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

200004342382--9

-06/05/01--01094--005

City

*****150.00**

*****150.00**

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 **RESIDENT** ☐ Delete
NAME **SHARON C SCALES**
STREET ADDRESS **11021 SW 9TH PLACE,**
CITY-ST-ZIP **DAVIE, FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

SHARON C SCALES 5/22/2001 934-473-2500

SP

LIBRA YACHTS INC
11021 SW 9TH PLACE
DAVIE
FL 33324

954-473-2500

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee,
FL 32314

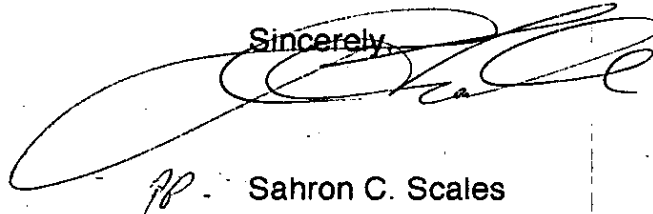
April 29th. 2001

EIN : 65-0631359

Dear Sirs,

Please find a check for \$150 being payment of our annual return due May 2001.
Unfortunately we did not receive the annual form this year but I have requested one
from your voice mail box but it has not arrived in time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sahron C. Scales', is written over the word 'Sincerely,'.

PS - Sahron C. Scales