

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085261

1. Entity Name
E & D BOATWORKS II, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90267 038 ***150.00

Principal Place of Business

Mailing Address

3004 SW 2ND AVE
FT LAUDERDALE FL

3004 SW 2ND AVE
FT LAUDERDALE FL

947313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3100 State Rd. 84

3. Mailing Address

3100 State Rd. 84

Suite, Apt. #, etc.

Unit # 406

Suite, Apt. #, etc.

Unit # 406

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number 65-0631091

Applied For

Not Applicable

Zip 33312

Country USA

Zip 33312

Country USA

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

BRUCK, STEPHEN R
12011 NW 25 ST
CORAL SPRINGS FL 33065

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 PD
NAME BRUCK, STEPHEN
STREET ADDRESS 3004 SW 2ND AVE
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE PD
NAME BRUCK, STEPHEN ☒ Change ☐ Addition
STREET ADDRESS 3100 State Rd 84 Unit # 406
CITY-ST-ZIP Ft. Lauderdale, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

4-10-01

CR2E034 (10/00)