2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000093783 Apr 07, 2000 8:00 am Secretary of State RDV YACHT SALES, INC. 04-07-2000 90078 008 ***150.00 Principal Place of Business Mailing Address 17076 FLIGHT PATH DR. 17076 FLIGHT PATH DR. BROOKSVILLE FL 34609-6847 BROOKSVILLE FL 34609 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3360188 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANNON, ANITA C Street Address (P.O. Box Number is Not Acceptable) 608 W. HORATIO STREET TAMPA FL 33606-2228 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE DELVALLE, ROBERT NAMÉ 3431 SATURN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL** ☐ Addition ☐ Change TITLE ☐ Delete NAME DELVALLE, JERILYN STREET ADDRESS STREET ADDRESS 3431 SATURN RD CITY-ST-ZIP CITY-ST-ZIP **BROOSKVILLE FL** Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SUMATURE ANALYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2000

(352) 799-5661

Daytime Phone #

(8/6) +cnuzuo