2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 01, 2001 8:00 am DOCUMENT # P95000093783 **Secretary of State** 1. Entity Name RDV YACHT SALES, INC. 02-01-2001 90096 042 ***150.00 Principal Place of Business Mailing Address 17076 FLIGHT PATH DR. 17076 FLIGHT PATH DR. U U U W W **BROOKSVILLE FL 34609 BROOKSVILLE FL 34609** 2. Principal Place of Business Drive 3. Mailing Address 16419 Runway Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3360188 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRANNON, ANITA C Street Address (P.O. Box Number is Not Acceptable) 608 W. HORATIO STREET TAMPA FL 33606-2228 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 SR2E034 (10/00) TITLE TITLE ☐ Delete DELVALLE, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 3431 SATURN RD CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL** ☐ Addition TITLE ☐ Delete TITLE NAME DELVALLE, JERILYN NAME STREET ADDRESS STREET ADDRESS 3431 SATURN RD CITY-ST-ZIP CITY-ST-ZIP **BROOSKVILLE FL** [7] Change ☐ Addition TITLE Delete NAME ' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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