## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9600003884

1. Entity Name

THREE BUOYS, INC.

Principal Place of Business	Mailing Address	
VERTO BEACH FL 32963	3111 CARDINAL DR VERO BEACH FL 32963-1920	
2. Principal Place of Business	3. Mailing Address	
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	

## **FILED** Mar 03, 2000 8:00 am Secretary of State 03-03-2000 90234 042 \*\*\*150.00



<b>2.</b> Princ	. Principal Place of Business		3. Mailing Address  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
Suite, Apt. #, etc.													
City & State			City & State			4. FEI Number 59-3376699					olied For Applicable	]	
Zip Country			Zip Country			5. Certificate of Status Desired   \$8.75 Additional Fee Required							
	6. Name	and Address of Current Re	egistered Agent			7. Name	and Address o	New Register	ed Agent			┨~	
O'HAIRE, MICHAEL 3111 CARDINAL DR VERO BEACH FL 32963				Name	Name								
				Street	Street Address (P.O. Box Number is Not Acceptable)								
				City				F	L Zip	Code			
8. The a	above named enti	y submits this statement for t	he purpose of changing its	registered office	or registered	agent, o	r both, in the Sta	ite of Florida.					
SIGNAT	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	Registered Agent sig	nature required wh	en reinstatın	g)	DA	re		_ <del></del>		
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, 2000 Fee will be \$550.00 Make Check Payable to Department of St		\$550.00		. Election Camp Trust Fund Cor	ntribution.		Added	May Be to Fees		
11.		OFFICERS AND DI	RECTORS	12.		ADDITIO	NS/CHANGES	TO OFFICERS /	AND DIREC	CTORS	IN 11	١,	
TITLE NAME STREET AD CITY-ST-Z	DRESS 121 S SF	D, DOUGLAS F HORE CIRCLE FACH FL 32963	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				☐ Cr	nange	Addition	00,07	
TITLE NAME STREET AD CITY-ST-2	DRESS 5 SPRINC	D, RICHARD F GWOOD LANE STON NY 11743	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				☐ Ch	nange	Addition	]	
TITLE NAME STREET AD CITY-ST-2	BARNARI DRESS 4329 MA	D, ROBERT F SS AVE NW GTON DC 20016	☐ Delete	TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	ı	-			□ cr	nange	☐ Addition		
TITLE NAME STREET AD CITY-ST-Z	D BARNARI 1741 N.V	D, THOMAS E V. 127TH WAY SPRINGS FL 33071	☐ Delete	TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	s				Cr	nange	Addition		
TITLE NAME STREET AD CITY-ST-2	D BARNARI DRESS 3 SANDS	), HELEN G	☐ Delete	TITLE  NAME  STREET ADDRES  CITY-ST-ZIP	s				Ct	iange	Addition		
TITLE NAME STREET AD CITY-ST-2	DRESS CIP	ne information supplied with th	☐ Delete  Delete  Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP the exemption s		ion 119.0	17(3)(i), Florida S	tatutes I further	☐ Ch		Addition Addition		

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: (

561-231-1920