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## **2001 UNIFORM BUSINESS REPORT (UBR)**

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

SIGNATURE AND TYPED OR PR

## Feb 20, 2001 8:00 am DOCUMENT # P96000030313 **Secretary of State** VENTURE BOAT SALES, INC. 02-20-2001 90032 030 \*\*\*150.00 Mailing Address Principal Place of Business 1440 JOHN F. KENNEDY CAUSEWAY, #301 1440 JOHN F. KENNEDY CAUSEWAY, #301 NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141 2. Principal Place of Business 3. Mailing Address 1070 Coral 1070 Coral Way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0748463 Beach Riviera Beach, Fl. iviera Not Applicable Zip 33404 Country \$8.75 Additional 5. Certificate of Status Desired ÚS Fee Required 6. Name and Address of Current Registered Agent ₹7 - Name and Address of New Registered Ageπt ₹ Name PIERCE, CLIFFORD Y Street Address (P.O. Box Number is Not Acceptable) 1440 JOHN F. KENNEDY CAUSEWAY, #301 NORTH BAY VILLAGE FL 33141 Zip Code City 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. TITLE ☐ Delete Dudan, Ronald 1070 Coral Way DUDAN, RONALD NAME NAME 1440 JOHN F. KENNEDY CSWY., #301 STREET ADDRESS STREET ADDRESS NORTH BAY VILLAGE FL CITY-ST-ZIP CITY-ST-ZIP Riviera Beach, Fl. TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE TITLE □-Detete Change .... - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ■ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete ☐ Addition TITLE 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 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 eath; 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