

# 2095 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90038 031 \*\*\*150.00

DOCUMENT # P96000033458

1. Entity Name

UNLIMITED YACHT SERVICES, INC.



Principal Place of Business

Mailing Address

~~4000 10TH ST. W~~  
~~PALMETTO FL 3422~~

1801 7TH STREET WEST  
PALMETTO FL 34221

2. Principal Place of Business

3. Mailing Address

1801 7th St. W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palmetto FL

Zip  
34221

Country  
U.S.A.

Zip

Country

4. FEI Number

65-0662880

Applied For

Not Applicable

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

JAGO, RONALD  
1801 7TH STREET WEST  
PALMETTO FL 34221

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. I am familiar with, and accept the obligations of registered agent.

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**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME JAGO, RONALD  
STREET ADDRESS 1801 7TH STREET WEST  
CITY-ST-ZIP PALMETTO FL 34221

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

Ronald E. Jago

Date

Daytime Phone #

1-26-05 (941) 737-7051