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## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 25, 2002 8:00 am Secrétary of State DOCUMENT # P96000051813 1. Entity Name 07-25-2002 90122 045 \*\*\*550 00 UNITED STATES YACHTING LTD., INC. Principal Place of Business Mailing Address 800 EAST BOULEVARD 800 EAST BOULEVARD CHARLOTTE NC 28203 CHARLOTTE NC 28203 3. Mailing Address 2. Principal Place of Business 4201 CONGRESS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 57-1050429 Not Applicable 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 HAYES, WARREN D SR Street Address (P.O. Box Number is Not Acceptable) 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 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. 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITL F ☐ Delete TITLE ☐ Change ☐ Addition SABATES, FELIX NAME 4201 CONGRESS ST **800 EAST BOULEVARD** STREET ADDRESS STREET ADDRESS CHARLOTTE NC 28203 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition WHITE, DOUGLAS NAME STREET ADDRESS 800 EAST BLVD->-STREET ADDRESS 6805 MURRISON BLUD. SUITE 370 CITY-ST-ZIP CHARLOTTE NC 28208 CITY-ST-ZIP CHARLOTTE NC 28211 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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

SIGNATURE:

changed, or on an attachment with an address, with a

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