

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90001 043 ***150.00

DOCUMENT # P96000090611

1. Entity Name
MYSTIC POWERBOATS INC.

Principal Place of Business Mailing Address

~~4650 WHIPPLE HOLLOW RD.~~ **600 OAK ST** ~~4650 WHIPPLE HOLLOW RD.~~ **600 OAK ST**
MELBOURNE FL 32934 **BIDG 2A** **MELBOURNE FL 32127-4364** **2A**
 PORT ORANGE, FL **PORT ORANGE, FL**
 32127 **32127**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

600 OAK ST **600 OAK ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2A **2A**

City & State City & State
Port Orange FL **Port Orange FL**

Zip Country Zip Country

32127 **USA** **32127** **USA**

4. FEI Number Applied For

59-3414927 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSKER, JOHN M
4650 WHIPPLE HOLLOW RD.
MELBOURNE FL 32934

195 Lakeside Dr. West
Daytona Bch, FL
32114

7. Name and Address of New Registered Agent

Name **Cosker, John M**

Street Address (P.O. Box Number is Not Acceptable)
195 LAKESIDE DR. WEST

City **Daytona Bch,** State **FL** Zip Code **32114**

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]* Date: **2/1/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COSKER, JOHN M	
STREET ADDRESS	4650 WHIPPLE HOLLOW RD.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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 links empowered.

SIGNATURE: *[Signature]* Date: **2/1/00** Daytime Phone #

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR