

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000024256**

Entity Name

ASTLEMAIN YACHTS, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90122 020 ***150.00

0321890
AV

Principal Place of Business

**5 SW 18 STREET
FT. LAUDERDALE FL 33315**

Mailing Address

**505 SW 18 STREET
FT. LAUDERDALE FL 33315**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0736387

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BOWKER, JOSEPHINE
505 SW 18 STREET
FT. LAUDERDALE FL 33315****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**1. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	DE VERTEUIL, RUPERT	
STREET ADDRESS	505 SW 18 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	

TITLE	D	<input type="checkbox"/> Delete
NAME	BOWKER, JOSEPHINE	
STREET ADDRESS	505 SW 18 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	

TITLE		<input type="checkbox"/> Delete
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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 like empowered.

SIGNATURE:**SIGNATURE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)