

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038816

1. Entity Name

USA BOATING CENTER, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90210 014 ***150.00

Principal Place of Business

Mailing Address

4491 ANGLERS AVE.
DANIA FL 33312

4491 ANGLERS AVE.
DANIA FL 33312-5751

2. Principal Place of Business

4491 Anglers Ave

3. Mailing Address

4491 Anglers Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0757247

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITZPATRICK, MICHAEL
4491 ANGLERS AVE.
DANIA FL 33312

7. Name and Address of New Registered Agent

Name

Michael Fitzpatrick

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

4491 Anglers Ave

City

Ft. Lauderdale

FL

Zip Code

33312

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

Michael J. Fitzpatrick

1/10/00

(NOTE: Registered Agent signature required when reinstating)

DATE

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 SVD ☐ Delete
NAME EISELE, GEOFFREY R
STREET ADDRESS 2048 SW 17TH ST
CITY-ST-ZIP POMPANO BCH FL 33062

TITLE PTD ☐ Delete
NAME FITZPATRICK, MICHAEL J
STREET ADDRESS 5419 N.E. 22ND TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE V ☒ Delete
NAME LILLIANA GOMEZ
STREET ADDRESS 9066 W ATLANTIC BLVD #417
CITY-ST-ZIP CORAL SPRGS FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Fitzpatrick, Pres

Date

Daytime Phone #

(954) 894-9895