

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91165 047 ***150.00

DOCUMENT # P97000071016

1. Entity Name

DEFIANT POWER BOATS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12020 GANDY BLVD. N.

Suite, Apt. #, etc.

3. Mailing Address

12020 GANDY BLVD. N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

Zip 33702

Country USA

City & State

ST. PETERSBURG, FL

Zip 33702

Country USA

4. FEI Number

59-3478446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KIEFFER G. TUCKER, JR.

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

12020 GANDY BLVD. N.

City

SAINT PETERSBURG

FL

Zip Code

33702

**DO NOT WRITE
IN THIS SPACE**

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 KIEFFER G. TUCKER

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

April 30, 2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is **\$150.00**

After May 1, Fee is **\$550.00**

Amended UBR is **\$61.25**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
KIEFFER G. TUCKER
12020 GANDY BLVD. N.
SAINT PETERSBURG, FL 33702

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP/T/S
STEPHEN JORGENSEN
12020 GANDY BLVD. N.
SAINT PETERSBURG, FL 33702

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
Date

727-577-2519
Daytime Phone #

CR2E034B (12/01)