

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90481 034 ***150.00

DOCUMENT # P97000079414

1. Entity Name

PREDATOR YACHTS, INC.

Principal Place of Business

**PO BOX 1329
 SARASOTA FL 34230**

Mailing Address

**PO BOX 1329
 SARASOTA FL 34230**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0804655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCURDY, JEFFREY
 1924 SOUTH OSPREY AVE.
 STE 200
 SARASOTA FL 34239**

Name **W. Lee McGinness**
 Street Address (P.O. Box Number is Not Acceptable)
1800 Second Street
 Suite **971**
 City **Sarasota** **FL** Zip Code **34236**

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]*
 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
 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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
 NAME **GRIFFIN, WILLIAM D**
 STREET ADDRESS **1924 S. OSPREY AVE, SUITE 200**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **VS** ☒ Change ☐ Addition
 NAME **Randal D. Salser**
 STREET ADDRESS **1924 S. Osprey Suite 200**
 CITY-ST-ZIP **Sarasota FL 34239**

TITLE **VS** ☒ Delete
 NAME **MCCURDY, JEFFREY R**
 STREET ADDRESS **1924 S. OSPREY AVE., SUITE 200**
 CITY-ST-ZIP **SARASOTA FL 34239**

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

TITLE **VP** ☐ Delete
 NAME **SALSER, RANDY D**
 STREET ADDRESS **2060 51ST ST.**
 CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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] **Randy Salser**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (941) 316-6827

Date

Daytime Phone #

0515338 AV

CR2E034 (9/01)