2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am & Secretary of State FILED **DOCUMENT #** P97000082740 1. Entity Name 03-26-2002 90050 019 ***150.00 AMERICAN HISTORIC YACHT COMPANY Principal Place of Business Mailing Address 7200 RADICE COURT 7200 RADICE COURT #602 #602 LAUDERHILL FL 33319 LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address 516 Avenue 4ven#e Suite Apt #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0782989 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAMMER, STEPHEN Street Address (P.O. Box Number 7200 RADICE COURT #602 LAUDERHILL FL 33319 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete Change : NAME HAMMER, STEPHEN NAME STREET ADDRESS STREET ADDRESS 7200 RADICE COURT #602 CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this indicated on this report or supplemental report is true his j ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

of the corporation or the receiver or the changed, or on an attachment with a **SIGNATURE:** SIGNATURE AND PRINTED NAME OF SIGNING

and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if