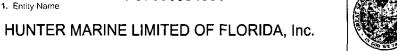
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084996

1. Entity Name



SIGNATURE: 4



03 DEC 26 AM 8:46

SECREWAY OF STATE TALLAHASSPE, FLODIDA

Daytime Phone #

· 	DO NOT WRITE	IN THIS SF	PACE			
Principal Place of Business 1887 West State Road 84		Mailing Address 1887 West State Road 84		REINSTATEMENT 03		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Fort Lauderdale, Fl		City & State Fort Lauderdale, Fl		4. FEI Number Applied For Not Applicab	le	
Zib ≃33315	Country USA ~ .	- 33315	Country USA	5. Certificate of Status Desired		
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)		
				888 E. Las Olas Blvd. Suite 720		
				Lauderdale FL Zio Code 33301	_	
the obligat	named entity submits this statement fi	or the purpose of changing its r	egistered office or re	registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE .		and title if applicable. (NOTE:	Registered Agent signature i	ore required when reinstating) DATE	_	
	nuary 1 - May 1/Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 : Payable to Florida Department o	f State		9. Efection Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND	DIRECTORS			7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emmons, Robert (Director 736 Linda Lane Santa Barbara, CA 93108)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500025778365 12/26/0301081020 **150.00	CR2E034B (12/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emmons, Chris (Director) 736 Linda Lane Santa Barbara, CA 93108		TITLE NAME STREET ADDRESS CITY-ST-ZIP		CRZE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<u>.</u>	TITLE NAME. STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , ,		
indicated of the cor	on this report or supplemental report i	s true and accurate and that my powered to execute this report	v signature shall have	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director lapter 607, Florida Statutes; and that my name appears in Block 10 or on an		

MONTE FINO CUSTOM YACHTS, INC.





DATE:

December 22, 2003

TO:

DEPARTMENT OF STATE DIVISION OF CORPS

FROM:

Michael Joyce, Pres.

RE: Hunter Marine Limited of Florida, Inc. Doc # P97000084996

Subject: Filing of 2003 UBR and Request for Waiver of Reinstatement Fee

To whom it may concern:

Please accept the enclosed UBR and waive the reinstatement fee for the referenced corporation.

My company coordinates the annual filing of the UBR for the referenced corporation. To the best of my knowledge and belief, the renewal form of the UBR for the corporation was never received in my office which is both the principal address and the mailing address for the corporation. The address in the state's corporation database is an old address and I believe that forwarding by the post office had expired at the time the renewal form would have been mailed.

I am enclosing a completed UBR for 2003 and check for \$150.00 for the UBR fee for 2003.

Thank you.

Sincerely

Michael Jovo

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President Colonial Yacht Sales, Inc.