FILED
May 13, 2004 8:00 am
Secretary of State
04-23-2004 90521 001 ***300.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086359

1. Entity Name
International yachtmaster Training, Inc.

DO NOT WRITE IN THIS SPACE

W04421198

[redacted]

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2. Principal Place of Business	3. Mailing Address
910 S.E. 17th Street	910 S.E. 17th Street
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Ft. Lauderdale, Florida	City & State: Ft. Lauderdale Florida
Zip: 33316 Country: U.S.A.	Zip: 33316 Country: U.S.A

4. FEI Number: 65-0786741 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Mark Fry
Street Address (P.O. Box Number is Not Applicable): 910 S.E. 17th Street Suite 200
City: Ft. Lauderdale FL Zip Code: 33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	Fry, Mark
STREET ADDRESS	910 S.E. 17th Street, Suite 200
CITY-ST-ZIP	Ft. Lauderdale, FL 33316

CR2E078 (1/01)

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Fry 954-779-7764
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #