

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91631 047 ***150.00

DOCUMENT # P97000097495

1. Entity Name

VINTAGE BOATS & CARS INC.

Principal Place of Business

**300 WINDWARD ISLAND
 CLEARWATER FL 33767**

Mailing Address

**300 WINDWARD ISLAND
 CLEARWATER FL 33767**

2. Principal Place of Business

9123 STONE GATE PL

Suite, Apt. #, etc.

3. Mailing Address

9123 STONE GATE PL

Suite, Apt. #, etc.

City & State

MINOCQUA WI

City & State

MINOCQUA, WI

Zip

54548

Country

ONIDA

Zip

54548

Country

ONIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3477605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MOORE, GORDON
 300 WINDWARD ISLAND
 CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **GORDON H. MOORE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/11/02

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

TITLE	V	<input type="checkbox"/> Delete
NAME	MOORE, JUDITH B	
STREET ADDRESS	300 WINDWARD ISLAND	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE JUDITH B.	
STREET ADDRESS	9123 STONE GATE PL	
CITY-ST-ZIP	MINOCQUA, WI 54548	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/02 715 3564218
 Date Daytime Phone #

CR2E034 (9/01)

436303

5/11/02

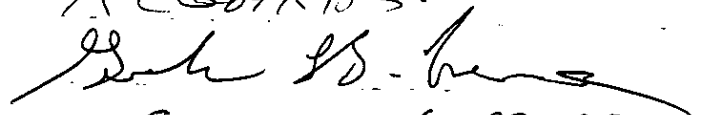
Attachment

Document # P97000097495

DEAR SIR :

I AM LATE IN FILING THIS
FORM BECAUSE I DID NOT RECEIVE
IT TILL 5/10/02. I CALLED YOUR
OFFICE IN EARLY APRIL BECAUSE I
HAD NOT RECEIVED THE RENEWAL NOTICE -
I WAS TOLD THAT THEY ARE SENT BY
2ND CLASS MAIL AND THUS WERE NOT
FORWARDED TO MY WI. ADDRESS
A FOLLOW UP MAILING FINALLY REACHED
ME IN EARLY MAY -

REGARDS.



GORDON H. MOORE