

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90064 004 ***150.00

DOCUMENT # P97000102286

1. Entity Name
TROCCOLI YACHT SALES, INC.



Principal Place of Business
**141 S.E. 6TH COURT
POMPANO BEACH FL 33060**

Mailing Address
**141 S.E. 6TH COURT
POMPANO BEACH FL 33060**



2. Principal Place of Business
4210 N.E. 23rd Avenue

3. Mailing Address
4210 N.E. 23rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Lighthouse Point, FL.

City & State
Lighthouse Point, FL.

4. FEI Number **65-0798973**

Applied For
Not Applicable

Zip
33064

Country
USA

Zip
33064

Country
USA

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

6. Name and Address of Current Registered Agent

**TROCCOLI, TOM
141 S.E. 6TH COURT
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name **Thomas Troccoli, Jr.**
Street Address (P.O. Box Number is Not Acceptable)

4210 N.E. 23rd Avenue

City **Lighthouse Point** FL Zip Code **33064**

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 (Thomas Troccoli, Jr.-Pres.)

DATE **1/14/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **TROCCOLI, THOMAS JR**
STREET ADDRESS **141 SE 6TH COURT**
CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE **S** ☐ Delete
NAME **TROCCOLI, LISA S**
STREET ADDRESS **141 SE 6TH CT**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Thomas Troccoli, Jr.**
STREET ADDRESS **4210 N.E. 23rd Avenue**
CITY-ST-ZIP **Lighthouse Point, FL. 33064**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Lisa S. Troccoli**
STREET ADDRESS **4210 N.E. 23rd Avenue**
CITY-ST-ZIP **Lighthouse Point, FL. 33064**

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (Lisa S. Troccoli - Sec)

DATE **1/14/03** (954) 494-0256
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)