2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000102304** Mar 02, 2000 8:00 am **Secretary of State** 15TH STREET BOAT COMPANY 03-02-2000 90110 010 ***150.00 Principal Place of Business Mailing Address 1900 S.E. 15TH STREET 1900 S.E. 15TH STREET FORT LAUDERDALE FL 33316-3006 FORT LAUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0808876 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURGESS, SCOTT Street Address (P.O. Box Number is Not Acceptable) %AVIATION LEGAL GROUP, INC. 1041 S.E. 17TH STREET MAILBOX 15 FT. LAUDERDALE FL 33316 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Change DP TITLE TITLE Delete DRUM; KELLY NAME NAME STREET ADDRESS 1109 S.E. 11TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 Addition ☐ Change ☐ Delete TITLE TITLE CLARK, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 812 S RIO VISTA BLVD CITY-ST-ZIP - -CITY-ST-ZIP FORT-LAUDERDALE FL 33316 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 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 justee 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 of the like empowered.

COTT

SIGNATURE: