

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
 02-11-2002 90003 020 ***150.00

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DOCUMENT # P97000106793

1. Entity Name
LONG RANGE YACHTS, INC.

Principal Place of Business

4345 N.E. 12TH TERRACE
FORT LAUDERDALE FL 33334

Mailing Address

4345 N.E. 12TH TERRACE
FORT LAUDERDALE FL 33334

2. Principal Place of Business

3800 NE 26 Ave

3. Mailing Address

Lighthouse Point

Suite, Apt. #, etc.

Q

Suite, Apt. #, etc.

Q

City & State

Florida

City & State

FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

65-0800901

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KORNAHRENS, JOHN
3800 NE 26TH AVENUE
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name

Q

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

Q

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

John Kornahrens

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **DPT** ☐ Delete
 NAME **KORNAHRENS, JOHN**
 STREET ADDRESS **4088 NE 31ST AVENUE**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **DPT** ☐ Delete
 NAME **Kornahrens John**
 STREET ADDRESS **3800 NE 26TH Ave**
 CITY-ST-ZIP **FL 33064**

TITLE **Lighthouse Point** ☐ Delete
 NAME **Florida**
 STREET ADDRESS **33064**
 CITY-ST-ZIP **FL 33064**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

John Kornahrens
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-02 954 788-8444

CR2E034 (9/01)