

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90066 011 \*\*\*150.00

**DOCUMENT # P98000000645**

1. Entity Name F/K/A  
**SAVAGE YACHTS, INC.**  
 Savage Boat Works, Inc

Principal Place of Business  
**5500 1ST AVE. NORTH**  
**ST. PETERSBURG FL 33710**

Mailing Address  
**5500 1ST AVE. NORTH**  
**ST. PETERSBURG FL 33710**

2. Principal Place of Business  
**1396 80th Street S.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1396 80th Street S.**  
 Suite, Apt. #, etc.

City & State  
**St. Petersburg, FL**  
 Zip Country  
**33707 Pinellas**

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**St. Petersburg, FL**  
 Zip Country  
**33707 Pinellas**

4. FEI Number **59-3487660**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SAVAGE, DUDLEY**  
**5500 1ST AVE NORTH**  
**SAINT PETERSBURG FL 33710**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1396 80th Street S.**  
 City **St. Petersburg** **FL** Zip Code **33707**

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 *Dudley Savage*

*4-24-02*

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 **DP** ☐ Delete  
 NAME **SAVAGE, DUDLEY**  
 STREET ADDRESS **5500 1ST AVE. NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **DS** ☐ Delete  
 NAME **SAVAGE, MARSHA**  
 STREET ADDRESS **5500 1ST AVE. NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **VP** ☒ Delete  
 NAME **FRIEDERICHSEN, LINDA**  
 STREET ADDRESS **5500 1ST AVE NORTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **DPS** ☒ Change ☐ Addition  
 NAME **Savage, Dudley**  
 STREET ADDRESS **1396 80th Street S.**  
 CITY-ST-ZIP **St. Petersburg, FL 33707**

TITLE **DTVP** ☒ Change ☐ Addition  
 NAME **Savage, Marsha**  
 STREET ADDRESS **1396 80th Street S.**  
 CITY-ST-ZIP **St. Petersburg, FL 33707**

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

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

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

TITLE ☐ Change ☐ 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:

*Dudley Savage*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/02*  
 Date

*(727)381-4018*  
 Daytime Phone #

CR2E034 (9/01)