

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008033

1. Entity Name

GOLDEN BOAT LIFTS, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90019 017 ***150.00

Principal Place of Business

Mailing Address

3664 WORK DR UNIT 1
FT MYERS FL 33916

4810 HIGGINBOTHAM ROAD
FT MYERS FL 33905-6001

2. Principal Place of Business

3587 PALMETTO AVE

3. Mailing Address

3587 PALMETTO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS, FL

City & State

FT MYERS FL

Zip

33916

Country

LEE

Zip

33916

Country

LEE

4. FEI Number

65-0820058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, WILLIAM
4810 HIGGINBOTHAM ROAD
FT MYERS FL 33905

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

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, 2000 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 ☐ Delete

NAME GOLDEN, WILLIAM
STREET ADDRESS 4810 HIGGINBOTHAM
CITY-ST-ZIP FT MYERS FL

TITLE ☒ Delete

NAME REAGAN, DONALD F
STREET ADDRESS 2503 DEL PRADO BLVDSTE 430
CITY-ST-ZIP CAPE CORAL FL 33904

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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: 

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Date

941-337-4141

Daytime Phone #

CR2E034 (9/99)