

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025760

1. Entity Name

MULLER'S BOAT & YACHT SALES, INC.

Principal Place of Business

2091 GRIFFIN ROAD
FT. LAUDERDALE FL 33312
US

Mailing Address

1105 AVACADO ISLE
FT. LAUDERDALE FL 33315-1339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKERT, CHARLES G
703 NW 17TH AVENUE
PEMBROKE PINES FL 33029

Name William E. Muller
Street Address (P.O. Box Number is Not Acceptable)
1105 AVOCADO ISLE
City FORT LAUDERDALE FL Zip Code 33315

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 *William E Muller*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

William E Muller

DATE

4-17-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME MULLER, WILLIAM E
STREET ADDRESS 1105 AVOCADO ISLE
CITY-ST-ZIP FORT LAUDERDALE FL 33315

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

TITLE VPS ☐ Delete
NAME MULLER, GLORIA J
STREET ADDRESS 1105 AVOCADO ISLE
CITY-ST-ZIP FORT LAUDERDALE FL 33315

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *William E Muller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-2000 (954) 962 7787

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90055 039 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0824710 Applied For Not Applicable

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

CR2E034 (9/99)