

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90052 032 \*\*\*150.00

**DOCUMENT # P98000027423**

1. Entity Name

**CLINTS YACHT REFINISHING, INC.**

Principal Place of Business

1545 MIAMI RD  
#206  
FORT LAUDERDALE FL 33316

Mailing Address

1545 MIAMI RD  
#206  
FORT LAUDERDALE FL 33316

2. Principal Place of Business

499 SE 13 Street  
Suite, Apt. #, etc.  
SE

3. Mailing Address

499 SE 13 ST  
Suite, Apt. #, etc.  
SE

City & State

FT. Lauderdale, FL

City & State

FT. Lauderdale, FL

Zip

33316

Country

Brow.

Zip

33316

Country

4. FEI Number

65-0926883

Applied For

Not Applicable

5. Certificate of Status Desired -

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLINT, IAN  
1545 MIAMI ROAD  
#206  
FORT LAUDERDALE FL 33316

Name

Clint, IAN

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

499 SE 13 Street, SE

City

FT. Lauderdale

FL

Zip Code

33316

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]*  
02/08/01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

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**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
CLINT, IAN  
2860 SW 73RD. WAY, #1406  
DAVIE FL 33314

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Clint, IAN  
499 SE 13 Street, SE  
FT. Lauderdale, FL 33316

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)