01/31/02 954 829 4646
Date Daytime Phone #

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principle Place of Business 49 SE 13 STREET 95 GOT LAUDERDALE FL 20016 00 SL Principle Place of Surreys 2. Principle Place of Surreys 3. Sealing Address 2. Principle Place of Surreys 3. Sealing Address 3. Sealing Address 3. Sealing Address 40 SE 13 STREET SE 50 Country 70 Country 70 S. Conflictation of Source Desireds 5. Name and Address of Current Registered Agent  1. Name  1. Name 1. N	DOCUMENT # P98000027423  1. Entity Name  CLINTS YACHT REFINISHING, INC.					Feb 18, 2002 8:00 am Secretary of State 02-18-2002 90176 017 ***150.00			
Suite, Act II, clic.  Suite, Apt II, etc.  City & State  C	499 SE 13 STREET 5E FORT LAUDERDALE FL 33316		499 SE 13 STREET 5E FORT LAUDERDALE FL 33316						
CUNT (A) State  CUNTY Zip Country  S. Certificate of Status Desired Desired Desired Status Desired Desired Desired Desired Status Desired Desi									01919 11660 till 1001
So. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  CLNT, IAN  499 SE; 33 STREET SE FORT LAUDERDALE FL 33316  City FL Zp Code  8. The above named entity submits into statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids.  SIGNATURE Flagmans tused a principle submit of state agenciate  8. The above named entity submits into statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids.  SIGNATURE Flagmans tused a principle submit of state agenciate  8. The above named entity submits in statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids.  SIGNATURE Flagmans tused a principle submit of state agenciate  8. The composition is eligible to subtity its intercipits The composition is eligible to subtity its intercipits The many submits of the submit of the submit of the state agenciate and submit of the subm	·		·		4. FEI Number 65-0826883 Applied For				
CUNT, IAN 499 SE 13 STREET 5E FORT LAUDERDALE FL 33316  City FL Zip Code  City FL Zi	Zip Country		Zip	Country		<b>5.</b> C	ertificate of Status Desired		Additional
Street Address (P-O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current R	egistered Agent			7. N	ame and Address of New Re	gistered Agent	
A99 SE 13 STREET 5E FORT LAUDERDALE PL 33316  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 toward or infine harm of registered agent and for its purpose of changing its registered office or registered agent, or both, in the State of Florida.  9. This corporation is eligible to satisfy its intangible Trais fing requirement and elects to do ac.  After May 1, 2002 Fee will be \$550.00  After May 2, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be					Name				
City   FL   Zip Code	499 SE 13 STREET 5E				Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee	FURI LAUDEHDALE FL 33316				City	FL Zip Code			
After May 1, 2002. Fee will be \$550.00   S\$0.00 May Be (See critical on back)   S\$0.00 May Be (S\$0.00 May Be (S				_					
TITLE	Tax filling requirement and elects to do so.   After M			2 Fee	will be \$550.00	te		ncing \$	\$5.00 May Be Added to Fees
NAME STREET ADDRESS CITY-ST-ZIP    Delete	TITLE NAME STREET ADDRESS	DPST CLINT, IAN 499 SE 13 STREET 5E		TITL NAM STRE	EET ADDRESS	ADI	DITIONS/CHANGES TO OFFIC		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST	NAME STREET ADDRESS		☐ Delete	NAM STRE	EET ADDRESS			☐ Cha	ange Addition
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  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 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 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 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 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 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 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 an exemption of the receiver or trustee empowered to execute an exemption of the receiver or trustee empowered to execute an exemption of the corporation or the receiver or trustee empowered to execute an exemption of the exemption	NAME STREET ADDRESS		☐ Delete	NAM STRE	E SET ADDRESS			☐ Cha	ange 🗌 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.	NAME STREET ADDRESS		☐ Delete	NAM STRE	ET ADDRESS			☐ Cha	inge 🗌 Addition
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	indicated of the cor changed	on this report or supplemental report is to poration or the receiver or trustee empore, or on an attachment with an address, w	true and accurate and that m vered to execute this report a ith all other like empowered.	iy signa as requi	ture shall have the :	same k	egal effect as if made under or la Statutes; and that my name	ath; that I am an o appears in Block	11 or Block 12 if