

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000028588**1. Entity Name  
**BARRACUDA YACHTS, INC.****Principal Place of Business**

231 S.W. 21ST TERRACE

FT. LAUDERDALE  
33312

FL

**Mailing Address**

3931 SW 47 AVE

STE 106

FORT LAUDERDALE  
33314

FL

**2. Principal Place of Business**

3931 S.W. 47TH AVE

Suite, Apt. #, etc.  
STE 106**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

FT. LAUDERDALE

FL

**City & State**Zip  
33314

Country

Zip

Country

**4. FEI Number****65-0824211**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HAAS OLAF**  
**1108 CITRUS ISLE**FT. LAUDERDALE  
33315

US

FL

**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)

**04/27/2001**

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, 2001 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	DM	<input checked="" type="checkbox"/> Delete
NAME	SPENCER WILLIAM	
STREET ADDRESS	2609 BARCELONA DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAAS DALE	
STREET ADDRESS	1108 CITRUS ISLE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JAMBRU GERALD	
STREET ADDRESS	830 SW 11 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS OLAF	
STREET ADDRESS	1108 CITRUS ISLE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Olaf Haas

S

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)