

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000036735**1. Entity Name
PALM BEACH YACHT SERVICES, INC.Principal Place of Business
9880 GARDENS EAST DRIVE

PALM BEACH GARDENS FL 334104917
Mailing Address
9880 GARDENS EAST DRIVE

PALM BEACH GARDENS FL 3341049172. Principal Place of Business
521 EBBTIDE DRIVE
3. Mailing Address
521 EBBTIDE DRIVE

Suite, Apt. #, etc.

City & State
NORTH PALM BEACH FL
City & State
NORTH PALM BEACH FLZip
33408
Country
Country
Zip
33408
Country4. FEI Number
65-0830612
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**LEBEAU JOHN JJR.**
9880 GARDENS EAST DRIVE

PALM BEACH GARDENS FL 334104917 US**7. Name and Address of New Registered Agent**Name
LEBEAU JOHN JJR.
Street Address (P.O. Box Number is Not Acceptable)
521 EBBTIDE DRIVE

City
NORTH PALM BEACH FL Zip Code
33408

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 **JOHN J. LEBEAU, JR.****04/30/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PM	<input type="checkbox"/> Delete
NAME	LEBEAU JOHN JJR	
STREET ADDRESS	9880 GARDENS E DR	
CITY-ST-ZIP	PLMBCH GARDENS FL 334104917	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEBEAU JOHN JJR		
STREET ADDRESS	521 EBBTIDE DRIVE		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		
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			
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: John J. Lebeau, Jr.

Pres

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)