

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State
 02-12-2001 90229 049 ***150.00

0695364

DOCUMENT # P98000046474

1. Entity Name
GULF CRAFT YACHTS, INC.

Principal Place of Business
**1846 MOORING LINE DRIVE
 VERO BEACH FL 32963**

Mailing Address
**1846 MOORING LINE DRIVE
 VERO BEACH FL 32963**

115103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
449 ALAMANDA DR
 Suite, Apt. #, etc.

3. Mailing Address
449 ALAMANDA DR
 Suite, Apt. #, etc.

City & State
HALLANDALE FL
 Zip
33008
 Country

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HALLANDALE FL
 Zip
33008
 Country

4. FEI Number **65-0856361** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent

Name **ARMANDO J. QUARANTO**
 Street Address (P.O. Box Number is Not Acceptable)
449 ALAMANDA DR
 City **HALLANDALE FL** Zip Code **33008**

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 **ARMANDO J. QUARANTO** *[Signature]* **2-1-01**
 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **QUARENTO, ARMOND J**
 STREET ADDRESS **449 ALAMANDA DRIVE**
 CITY-ST-ZIP **HALLANDALE FL 33008**

TITLE **D** ☐ Delete
 NAME **RUOTOLO, GAVIN A**
 STREET ADDRESS **1846 MOORING LINE DRIVE**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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] **GAVIN RUOTOLO TREAS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01
 Date

Daytime Phone #

CR2E034 (10/00)