ANDLUNIFORM BUSINESS REPORT (UBR)							
DOCUMENT # P 980000 493 6-3						· A	
PORT EVERGLADES GUTBOARD SERVICE,					FIL	ED .	
INC.					02 JUL 12 PM 2: 42		
Principal Place of Business Mailing Address					_SECRETARY OF STATE		
					TALLAHASSE	Ę, FĽORÍÐ	Α
			• .		90000641	4999	1
2. Principal Place of Business 1731 SE 15th STAEET 1731 SE 15th STAEET 1731 SE 15th STAEET				· ,	-07/15/02- ****308.7		
Suite Apt. #, etc. # 305 Suite Apt. #, etc. # 305			<u> </u>	<u></u>	DO NOT WRITE IN TH	IIS SPACE	
FOXT	LANOERDALE, FL	FORT LANDEROALE, FL		4. FEI Number 65-1)842496		pplied For ot Applicable	
Zip 33	316 Country USA	<sup>717</sup> 33316	Country		5. Certificate of Status Desired	\$8.75 Ad	ditional ed
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
1055PH 66RAROO							
1731 SE 15th STALLET, #305 Street Address (P.O. Box Number is Not Accept.  FORT LAMOL ADALE, FL 33316							
<i> </i>	ORT LAMBERDITE	172 33316	City			Zip Coo	le l
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE D. Signature (vpp) (Signature vpp) (Signature vpp) (NOTE: Registered Agent signature (equired when reinstating)							
9. This corporation is eligible to satisfy its Inlangible FILE NOWILL FEE IS \$159.00							
Tax filing requirement and elects to do so.  After MAY 1, 2009 Fee will be \$550.00  After MAY 1, 2009 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  Added to Fees							
11. TITLE	P/V/S/T/O	DIRECTORS  Delete	12.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	
NAME STREET ADDRESS	INCEPH GERARDO		NAME STREET ADDRESS			<u> —</u> ј Опанус	(6)
CITY-ST-ZIP	1731 SE ISTA STALLET	FU 33316	CITY-ST-ZIP				C C C C C C C C C C C C C C C C C C C
TITLE NAME		☐ Delete	TITLE NAME		·	☐ Change	☐ Addition 5
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	* 61.2	• • • •	•	
TITLE NAME		Delete	TITLE			Change	Addition :
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS				
TITLE .		Delete	CITY-ST-ZIP TITLE			☐ Change	☐ Addition
NAME Street address			NAME STREET ADDRESS	•	167/2		
CITY-ST-ZIP TITLE			CITY-ST-ZIP		<u> </u>	-	. ,
NAME		Delete .	IIŢLE NAME		•	Change .	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				<u> </u>
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: PALJIDENT () Date Dayling Phone 8							

## Port Everglades Outboard Service, Inc. 1731 S.E. 15th Street, # 305 Fort Lauderdale, FL 33316

July 8, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Port Everglades Outboard Service, Inc. (P98000049363) Annual Report Dear Sir or Madam,

We just became aware through an internet search that you do not show our corporation as currently active. We do not have a record of receiving an annual report form for 2001 or 2002 from your office. The address showing on the internet is an old address, and I am fairly sure that the post office no longer forwards mail from that address to us.

Our accountant advised me that we should have received an annual report form from your office early last year. Since we have no record of receiving such a form, my accountant prepared one for us. Accordingly, we have enclosed a check payable to the Department of State in the amount of \$308.75, representing the annual fees for 2001 and 2002 of \$150.00 per year, and for the certificate of status fee of \$8.75.

Please accept our report and our payment as payment in full as we did not receive an annual report from your office last year or this year. Please note any necessary changes that need to be made to your records regarding the business address and mailing address for this corporation. Thank you for your consideration and cooperation in this matter.

x) (105).

Joseph garardo, President