2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000051197** Mar 15, 2000 8:00 am **Secretary of State** ON BOARD YACHT ADMINISTRATION & MAINTENANCE CONS 03-15-2000 90050 024 ***150.00 Mailing Address Principal Place of Business 9 SW 13TH STREET 9 SW 13TH STREET FORT LAUDERDALE FL 33315 FORT L'AUDERDALE FL 33315-1526 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0842632 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, SEAN A Street Address (P.O. Box Number is Not Acceptable) 9 SW 13TH STREET FORT LAUDERDALE FL 33315 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PP TITLE Delete TITLE MCCAUGHEY, LORETTA NAME NAME MCCAUGHEY, LORETTA 1323 SE 17 ST. - PMB 500 STREET ADDRESS STREET ADDRESS 1323 SE 17 ST. -STE 500 FORT LAUDERDALE, FL 33316 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Addition **X** Change TITLE ☐ Delete TITLE MCCAUGHEY, JOHN F JR MCCAUGHEY, JOHN F JR NAME NAME 1323 SE 17 ST. - STE- PMB 500 STREET ADDRESS 1323 SE 17 ST. -STE 500 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 38316 CITY-ST-ZIP FORT LAUDERDALE FL 33315 TITLE Change ☐ Addition ☐ Delete TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 March 2000