

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90083 016 ***150.00

DOCUMENT # P98000051200

1. Entity Name
WANDERLUST YACHT SERVICES, INC.

Principal Place of Business: **9 SW 13TH STREET FORT LAUDERDALE FL 33315**
 Mailing Address: **9 SW 13TH STREET FORT LAUDERDALE FL 33315**

2. Principal Place of Business: **401 Bayfront Pl #3506**
 Suite, Apt. #, etc.: **3506**
 City & State: **Naples, FL**
 Zip: **34102** Country: **U.S.A.**

3. Mailing Address: **401 Bayfront Pl**
 Suite, Apt. #, etc.: **3506**
 City & State: **Naples, FL**
 Zip: **34102** Country: **U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0843629** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent:
JOHNSON, SEAN A
9 SW 13TH STREET
FORT LAUDERDALE FL 33315

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) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME: PD DIAL, JUSTIN R STREET ADDRESS: 9 SW 13TH STREET CITY-ST-ZIP: FORT LAUDERDALE FL 33315	<input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: VD MARKOWITZ, STACI STREET ADDRESS: 9 SW 13TH STREET CITY-ST-ZIP: FORT LAUDERDALE FL 33315	<input type="checkbox"/> Delete	TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John R Dial **4/25/01** **954-465-7493**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)