

2001 ~~2000~~ **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 998000051410  
**1. Entity Name**  
BOATLEGGEE MARINE TRANSPORT, INC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN -7 PM 1:38

**Principal Place of Business**      **Mailing Address**  
2805 E OAKLAND PARK BLVD #226  
FORT LAUDERDALE, FL 33306

**2. Principal Place of Business**      **3. Mailing Address**  
2805 E OAKLAND PK BLVD  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
#226

**City & State**      **City & State**  
FORT LAUDERDALE FL  
**Zip**      **Country**      **Zip**      **Country**  
33306      USA

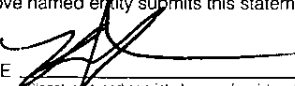
**4. FEI Number**      **Applied For**  
65-0843709      ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
KEVIN DAUGHERTY  
2805 E OAKLAND PARK BLVD #226  
FORT LAUDERDALE, FL 33306

**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**  **KEVIN DAUGHERTY, REGISTERED AGENT** **6/5/2001**  
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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete P/V/S/T/D KEVIN DAUGHERTY 2805 E OAKLAND PARK BLVD #226 FORT LAUDERDALE, FL 33306
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600004435646--1 -06/21/01--01086--011 ****458.75      ****458.75
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **PRESIDENT** **6/5/2001** **(954)205-6912**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)

**Boatlegger Marine Transport, Inc.**  
2805 East Oakland Park Boulevard, # 226  
Fort Lauderdale, FL 33306  
(954) 205-6912

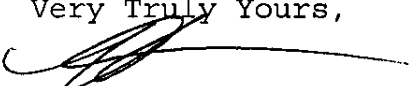
**Florida Department of State**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Annual Reports / Corporate Status

Dear Sir or Madam,

I recently learned that our corporation had been administratively dissolved by the State of Florida due to nonreceipt of our Annual Report for 1999. I have no record of receiving an Annual Report from your office, or I would have surely filed the report in a timely manner. I have enclosed payment of \$458.75, representing the original fees that would have been due for 1999 (in the amount of \$150.00), 2000 (in the amount of \$150.00), 2001 (in the amount of \$150.00) and for the certificate of status fee (\$8.75). Please accept this payment as payment in full and reinstate our corporation. Thank you for your assistance with this matter. Please note the correct address for our company on the annual report enclosed. Perhaps that is why we did not receive our annual report (since your records show an old address). Thanks again.

Very Truly Yours,



Kevin Daugherty, President