

2000 UNIFORM BUSINESS REPORT (UBR)

5/9/00-90117-013-\$150.00-\$150.00

DOCUMENT # P98000052227

1. Entity Name

THE BROKE-OPEN BOAT COMPANY

Principal Place of Business

228 SKELLY DRIVE
ROCKLEDGE FL 32955

Mailing Address

P.O. BOX 320606
COCOA BEACH FL 32932-0606

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORWICH, WILLIAM G
228 SKELLY DRIVE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

WILLIAM G. NORWICH

Street Address (P.O. Box Number is Not Acceptable)

228 Skelly Drive

Rockledge

City

FL

Zip Code
32955

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.

WILLIAM G. NORWICH

April 26, 2000

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DP
STREET ADDRESS NORWICH, WILLIAM G
CITY-ST-ZIP 228 SKELLY DRIVE
ROCKLEDGE FL 32955

TITLE ☐ Delete
NAME ST
STREET ADDRESS TRENARY, LARRY
CITY-ST-ZIP 1609 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM G. NORWICH

April 26, 2000

Date

Daytime Phone #

FILED

00 JUN -8 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

LS

2002

Form SS-4 (Rev. December 1995) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) ► Keep a copy for your records.	EIN OMB No. 1545-0003
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Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) THE BROKE-OPEN BOAT COMPANY, INC.	3 Executor, trustee, "care of" name
	2 Trade name of business (if different from name on line 1)	
	4a Mailing address (street address) (room, apt., or suite no.) 228 Skelly Drive	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Rockledge, FL. 32955	5b City, state, and ZIP code
	6 County and state where principal business is located Brevard, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► 267-74-6864	
	WILLIAM G. NORWICH	

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Other corporation (specify) ► operation of motor Vessels
<input type="checkbox"/> REMIC	<input type="checkbox"/> Trust
<input type="checkbox"/> State/local government	<input type="checkbox"/> Federal Government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Church or church-controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (Check only one box.)	<input type="checkbox"/> Banking purpose (specify) ►
<input checked="" type="checkbox"/> Started new business (specify) ► ownership & operation of motor vessels	<input type="checkbox"/> Changed type of organization (specify) ►
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.) June 8, 1998	11 Closing month of accounting year (See instructions.) December 31
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) N/A at this time.
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)	Nonagricultural 0	Agricultural	Household
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14 Principal activity (See instructions.) ► ownership and operation of motor vessels

15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

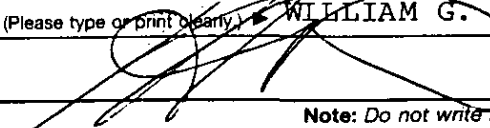
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► N/A Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed N/A Previous EIN N/A

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) (321) 783-0606
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Name and title (Please type or print clearly.) ► WILLIAM G. NORWICH/Dir.-President	Fax telephone number (include area code) (321) 799-1906
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Signature ► 	Date ► June 5, 2000
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Note: Do not write below this line. For official use only.				
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Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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mailed to IRS June 5, 2000