## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000060781 Apr 14, 2000 8:00 am Secretary of State BAYSIDE BOAT SALES, INC. 04-14-2000 90013 023 \*\*\*158.75 Mailing Address Principal Place of Business 17980 SAN CARLOS BOULEVARD 17980 SAN CARLOS BOULEVARD FT MYERS BEACH FL 33904-8649 FT MYERS BEACH FL 33931 2. Principal Place of Business 3. Mailing Address 5450 PEPPERTRÉE DRIVE 4535 SE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0849129 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 33908-2134 Fee Required 33904-864 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUSEPH H. SASEN SASEN, JOSEPH H Street Address (P.O. Box Number is Not Acceptable) 17980 SAN CARLOS BLVD FT MYERS BCH FL 33931 5450 PEPPERTREE DRIVE Zip Code 33908-8. 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 DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD ☐ Addition **PSTD** Change TITLE ☐ Delete TITLE SASEN, JOSEPH H. 5450 PEPPERTREE BRIVE SASEN, JOSEPH H NAME NAME STREET ADDRESS 17980 SAN CARLOS BOULEVARD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT MYERS BEACH FL 33931 FORT MYERS FL 33408-2136 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #