

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066199

1. Entity Name
ALAN YACHT SALES, INC.

Principal Place of Business: **1544 ARGYLE DRIVE FT. LAUDERDALE FL 33312**
Mailing Address: **1544 ARGYLE DRIVE FT. LAUDERDALE FL 33312**

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90041 047 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1544 Argyle Drive**
Suite, Apt. #, etc.:
City & State: **Ft. Lauderdale Fla**
Zip: **33312** Country: **USA**

3. Mailing Address: **Same**
Suite, Apt. #, etc.:
City & State: **Fla**
Zip: Country:

4. FEI Number: **65-0853958**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**STOWELL, ALAN W
1544 ARGYLE DRIVE
FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: **FL** Zip Code:

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	PSTD STOWELL, ALAN W 1544 ARGYLE DRIVE FT. LAUDERDALE FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.