

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90666 018 \*\*\*158.75

**DOCUMENT #** P 98000066199  
1. Entity Name  
**ALAN YACHT SALES, INC.**

**DO NOT WRITE IN THIS SPACE**

**B0064433**

2. Principal Place of Business  
**1323 SE 17th Street,**  
Suite, Apt. #, etc.

3. Mailing Address  
**1323 SE 17th Street**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Ft. Lauderdale**

City & State  
**Ft. Lauderdale**

4. FEI Number **65-0853958**

Applied For  
 Not Applicable

Zip **33316** Country **USA**

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**ALAN STOWELL**

Street Address (P.O. Box Number is Not Acceptable)  
**1323 SE 17th Street,**

City  
**Ft. Lauderdale, FL** Zip Code  
**33316**

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 **Alan Stowell, Reg. Agent** **04/01/02**

Signature, typed or printed name of registered agent and date 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.

**January 1 - May 1: Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>P/S/T/D</b> <b>STOWELL, ALAN</b> <b>1323 SE 17th Street,</b> <b>Ft. Lauderdale, FL 33316</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Alan Stowell* **Alan Stowell, President** **04/01/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (Daytime Phone #)