

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000067630**1. Entity Name
G-BOAT, INC.**FILED**
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90540 019 ***150.00

Principal Place of Business
125 N. RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114Mailing Address
125 N. RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1800 W. International3. Mailing Address
1800 W. International

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Speedway Blvd., #201**Speedway Blvd., #201**City & State
Daytona Beach, FLCity & State
Daytona Beach, FLZip
32114Country
USAZip
32114Country
USA4. FEI Number
59-3526487

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTLETT, LAURENCE H
125 N. RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114Name
Bartlett, Laurence H.

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

1800 W. International Speedway Blvd., #201City
Daytona Beach

FL

Zip Code
32114

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.

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CROTTY, GARRETT W	120 RIVER BLUFF DR.	ORMOND BEACH FL 32174						
	VPD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CROTTY, MICHAEL D	249 PELICAN AVE	DAYTONA BEACH FL 32114						
	STD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CROTTY, KATHLEEN L	2128 JOHN ANDERSON DR.	ORMOND BEACH FL 32174						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

Date

(904) 254-6907

Daytime Phone #

CR2E034 (10/00)