

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90088 016 ***150.00

DOCUMENT # P98000078306

1. Entity Name
ADMIRAL YACHT SALES, INC.

Principal Place of Business Mailing Address
730 WEST MCNAB AVENUE 730 WEST MCNAB AVENUE
FT. LAUDERDALE FL 33160 FT. LAUDERDALE FL 33160

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0862779** Applied For
 Not Applicable

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

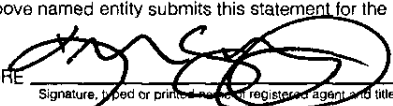
6. Name and Address of Current Registered Agent

GALLO, ROBIN J
730 WEST MCNAB AVENUE
FT. LAUDERDALE FL 33160

7. Name and Address of New Registered Agent

Name **Kevin Sirop**
 Street Address (P.O. Box Number is Not Acceptable)
730 West McNab Road
 City **Ft. Lauderdale** FL Zip Code **33309**

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  **Kevin Sirop T/V** 1/26/01
 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	ELLMAN, J L	
STREET ADDRESS	730 WEST MCNAB RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIROP, KEVIN	
STREET ADDRESS	730 WEST MCNAB RD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BERK, ARTHUR J	
STREET ADDRESS	730 WEST MCNAB RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELLMAN, NEIL	
STREET ADDRESS	730 WEST MCNAB RD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELLMAN, LANCE	
STREET ADDRESS	730 WEST MCNAB RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. LEON ELLMAN	
STREET ADDRESS	730 West McNab RR.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	T/V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN SIROP	
STREET ADDRESS	730 West McNab RR.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	VIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR J. BERK	
STREET ADDRESS	730 West McNab RR.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIL ELLMAN	
STREET ADDRESS	730 West McNab RR.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCE ELLMAN	
STREET ADDRESS	730 West McNab RR.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE  **Kevin Sirop T/V/AS** 1/26/01 (954) 968-2333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0248900

CR2E034 (10/00)