FILED
Jun 11, 2002 8:00 am
Secretary of State
06-11-2002 90152 011 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098154

1. Entity Name
THE BOAT YARD, INC.

DO NOT WRITE IN THIS SPACE

117640

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2. Principal Place of Business	3. Mailing Address
2331 OAK DR	P.O. Box 916163
Suite, Apt. #, etc.	Suite, Apt. #, etc.
LONGWOOD, FL	LONGWOOD, FL
City & State	City & State
32779	32791
[redacted] Country	USA Country
USA	

4. FEI Number: 59-3541913 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DENISE BURCHARD

Street Address (P.O. Box Number is Not Acceptable): 2331 OAK DR

City: LONGWOOD FL 32779

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: Denise Burchard (Signature, typed or printed name of Registered Agent and the Applicable Box) (Registered Agent's signature required when box checked) DATE: 6-6-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

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	DIRECTOR
NAME	DENISE BURCHARD
STREET ADDRESS	2331 OAK DR.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	DIRECTOR
NAME	HERBERT C. BLEVINS
STREET ADDRESS	2331 OAK DR.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 in attachment with an address, with all other like empowered.

407-481-4948

SIGNATURE: Denise Burchard DENISE BURCHARD 6-6-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number