

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106272

1. Entity Name

STEPHEN LAZARUS YACHT SERVICE CENTER, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90136 044 ***150.00

Principal Place of Business

4290 SE SALERNO RD
PORT SALERNO FL 34997

Mailing Address

4290 SE SALERNO RD
PORT SALERNO FL 34997-6875

2. Principal Place of Business

1050 NE Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

1050 NE Dixie Hwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
JENSEN BEACH

City & State
JENSEN BEACH

4. FEI Number 65-0900242

Applied For
Not Applicable

Zip
34957

Country
Martin

Zip
34957

Country
Martin

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

LAZARUS, STEPHEN
4290 SE SALERNO RD
PORT SALERNO FL 34997

Name
Stephen Lazarus

Street Address (P.O. Box Number is Not Acceptable)
1050 NE Dixie Highway

City Jensen Beach FL Zip Code 34957

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME LAZARUS, STEPHEN
STREET ADDRESS 4290 SE SALERNO RD
CITY-ST-ZIP PORT SALERNO FL 34997 ☐ Delete

TITLE
NAME Stephen Lazarus ☒ Change ☐ Addition
STREET ADDRESS 1050 NE Dixie Hwy
CITY-ST-ZIP Jensen Beach, FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

Date

Daytime Phone #

CF2E034 (9/99)