2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Sep 11, 2000 8:00 am Secretary of State DOCUMENT # **P99000001205** 1. Entity Name VENTURE YACHT SALES INC. 09-11-2000 90074 008 ***550.00 Principal Place of Business Mailing Address 2001 S.W. 20TH STREET 2001 S.W. 20TH STREET FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Numbe City & State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PINNEY, ROY Street Address (P.O. Box Number is Not Acceptable) 2001 S.W. 20TH STREET FT LAUDERDALE FL 33315 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE PD □ Delete TITLE ☐ Change ■ Addition NAME PINNEY, ROY NAME STREET ADDRESS STREET ADDRESS 2001 S.W. 20TH STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33315 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7fP CITY-ST-ZIP _ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 true tee 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SCHOOLING PERSONS OFFICE OR DIRECTOR

☐ Delete

Pinney 9

954-463-5900

Daytime Phone #

☐ Change

Addition