

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2002 8:00 am**  
**Secretary of State**

09-05-2002 90039 036 \*\*\*550.00

B0135756



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000001205**

1. Entity Name  
**VENTURE YACHT SALES INC.**

Principal Place of Business

**2001 S.W. 20TH STREET  
FT LAUDERDALE FL 33315**

Mailing Address

**PO BOX 21102  
FT LAUDERDALE FL 33335**

2. Principal Place of Business

**211 SW 2nd Street**

Suite, Apt. #, etc.

**Suite J**

City & State

**FT. Lauderdale, FL**

3. Mailing Address

**PO Box 21102**

Suite, Apt. #, etc.

**FT. Lauderdale FL**

Zip

**33335**

Country

**USA**

4. FEI Number **65-0883642**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PINNEY, ROY  
2001 S.W. 20TH STREET  
FT LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating)

DATE

**8-30-02**

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 **PD** ☐ Delete  
NAME **PINNEY, ROY**  
STREET ADDRESS **2001 S.W. 20TH STREET**  
CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**8-30-02**

Daytime Phone #

**954-463-5900**

CR2E034 (4/02)