

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90278 036 ***558.75

DOCUMENT # P99000002786

1. Entity Name
GLOBAL FINE YACHT REFINISHING, INC.

Principal Place of Business

1619 HAWTHORNE PLACE
 WELLINGTON FL 33414

Mailing Address

1128 ROYAL PALM BCH. BLVD.
 PMB 478
 ROYAL PALM BEACH FL 33411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6265 Tielens Road

3. Mailing Address

c/o 510 Kingbird Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Luxemburg, WI

City & State

Delray Beach, FL

4. FEI Number

65-0889202

Applied For

Not Applicable

Zip

Country

54217

USA

Zip

Country

33444

USA

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

6. Name and Address of Current Registered Agent

CARSTENSEN, JOEY EA
 510 KINGBIRD CIRCLE
 DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33444

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

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 ☐ Delete
 NAME DP
 STREET ADDRESS SMITH, BRETT D
 CITY-ST-ZIP 1619 HAWTHORNE PLACE
 WELLINGTON FL 33414

TITLE ☐ Delete
 NAME VST
 STREET ADDRESS SMITH, AMANDA L
 CITY-ST-ZIP 1619 HAWTHORNE PLACE
 WELLINGTON FL 33414

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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 6265 Tielens Road
 CITY-ST-ZIP Luxemburg, WI 54217

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 6265 Tielens Road
 CITY-ST-ZIP Luxemburg, WI 54217

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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 REQUIRED

Amanda Smith, VP 8/6/02 (920) 866-3499

CR2E034 (4/02)