## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P9900009805 Jul 24, 2000 8:00 am 1. Entity Name **Secrétary of State** BOATERECTORS, INC. 07-24-2000 90011 001 \*\*\*550.00 Mailing Address Principal Place of Business 195 49TH STREET W 195 49TH STREET W **BRADENTON FL 34209 BRADENTON FL 34209** Principal Place of Business 3. Mailing Address HOAD CO Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 680-21 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHELTON, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 195 49TH STREET W **BRADENTON FL 34209** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Change ☐ Delete TITLE TITLE EDWARD CIDRIANI JR 245 LITTLE CREEK LN. SHELTON, WILLIAM E NAME NAME STREET ADDRESS STREET ADDRESS 195 49TH STREET W CANTON GA. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** ☐ Addition ☐ Delete ☐ Change TITLE TITLE SHELTON, PATRICIA M NAME NAME STREET ADDRESS STREET ADDRESS 195 49TH STREET W CITY-ST-ZIP -CITY-ST-7IP\_\_ -BRADENTON FL-34209 Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: