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FILED
Jun 12, 2002 8:00 am
Secretary of State
05-14-2002 90448 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010673

1. Entity Name

WHITNEY BOAT COMPANY, INC.

- 35043

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2400 E. LAS OLAS BLVD.	2400 E. LAS OLAS BLVD.
Suite, Apt. #, etc.: PMB 120	Suite, Apt. #, etc.: PMB 120
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33301 Country:	Zip: 33301 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-~~0447873~~0905139 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ~~WILLIAM G. SHOEMAKER~~ RUSSELL A. WHITNEY

Street Address (P.O. Box Number is Not Acceptable): 2400 E. LAS OLAS BLVD. PMB 120

City: FORT LAUDERDALE FL Zip Code: 33301

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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
NAME	RUSSELL A. WHITNEY
STREET ADDRESS	2060 SW STARLIGHT LANDING DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	VD
NAME	WILLIAM G. SHOEMAKER
STREET ADDRESS	2400 LAS OLAS BLVD. PMB 120
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: W. E. Shoemaker WILLIAM G. SHOEMAKER 4-30-02 954-761-9680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #