2002 UNIFORM BUSINESS REPORT (UBR)

Aug 26, 2002 8:00 am Secretary of State DOCUMENT # P99000012324 1. Entity Name 08-26-2002 90052 039 ***550.00 YACHTING 4 LIFE, INC. Principal Place of Business Mailing Address 8353 155TH PLACE NORTH 8353 155TH PLACE NORTH PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0968218 Not Applicable Zip Country Zip 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 DUFRESNE, DONALD P ESO <u>Helgesen</u> Address (P.Or Box Number is Not Acceptable) ONE NORTH CLEMATIS STREET Helge sen SUITE 500 201 WEST PALM-BEACH FL 33401 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition D'EUGENIO, DAVID P NAME NAME STREET ADDRESS 8353 155TH PLACE NORTH STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS:FL 33418 CITY-ST-ZIP TITLE SV Delete TITLE Change Addition GREENWALD, JEFF NAME STREET ADDRESS 8353 155TH PL NO STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE CEO ☐ Delete TITLE ☐ Change ☐ Addition NAME D'EUGENIO, DAVID P NAME STREET ADDRESS 8353 155TH PLACE NORTH STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 5点是40点点。 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATION THE MEDELINE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED