

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013971

1. Entity Name

DAN R. CATTON YACHT SALES & BROKERAGE, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90063 007 ***150.00

Principal Place of Business

Mailing Address

4975 TAMiami TRAIL
CHARLOTTE HARBOR FL 33980

4975 TAMiami TRAIL
CHARLOTTE HARBOR FL 33980-3028

2. Principal Place of Business

212 W VIRGINIA AVE

3. Mailing Address

212 W VIRGINIA AVE

Suite, Apt. #, etc.

SUITE 112

Suite, Apt. #, etc.

SUITE 112

City & State

PUNTA GORDA FL

City & State

PUNTA GORDA FL

Zip

33950

Country

CHARLOTTE

Zip

33950

Country

CHARLOTTE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0897696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CATTON, DANNY R
2441 W. MARION AVE.
PUNTA GORDA FL 33950

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME CATTON, DANNY R
STREET ADDRESS 4975 TAMiami TRAIL
CITY-ST-ZIP CHARLOTTE HARBOR FL 33980 ☐ Delete

TITLE DPT
NAME CATTON, DANNY R
STREET ADDRESS 212 W VIRGINIA AVE SUITE 112
CITY-ST-ZIP PUNTA GORDA FL 33950 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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

MARCH 15/00

941-833-0040

Date

Daytime Phone #

CR2E034 (9/99)