

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90028 042 ***550.00

DOCUMENT # P99000014249

1. Entity Name

Yacht Docs, Inc.

Principal Place of Business

Mailing Address

2385C PEA Blvd.
 Palm Beach Gardens, FL
 33410

2385C PEA Blvd.
 Palm Beach Gardens, FL
 33410

00057559

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0097709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Charles Navis
 6414 Leslie Street
 Jupiter, FL 33458

Name *Theresa Navis*

Street Address (P.O. Box Number is Not Acceptable)
6414 LESLIE STREET

City *Palm Beach Gardens FL* Zip Code *33458*

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 *Charles Navis*
 Signature, typed or printed name of registered agent and title if applicable.

PRICE *Theresa C. Navis* *President*
 (NOTE: Registered Agent signature required when reinstating) DATE *5-31-01*

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Charles Navis</i> <i>2385C PEA Blvd. Palm Beach Gardens</i>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Theresa Navis</i> <i>2385C PEA Blvd.</i> <i>Palm Beach Gardens, FL 33410</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> <i>Charles Navis</i> <i>2385C PEA Blvd.</i> <i>Palm Beach Gardens, FL 33410</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Theresa C. Navis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/01 *627-2300*
 Date Daytime Phone #

CR2E034 (11/00)