

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90253 036 \*\*\*150.00

**DOCUMENT # P99000021115**

1. Entity Name  
**SOUTH FLORIDA YACHT MAINTENANCE, INC.**

Principal Place of Business 3220 S.W. 18TH STREET FORT LAUDERDALE FL 33312	Mailing Address 3220 S.W. 18TH STREET FORT LAUDERDALE FL 33312
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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 **65-0905806**      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

**LANDERS, MARK**  
**3220 S.W. 18TH STREET**  
**FORT LAUDERDALE FL 33312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LANDERS, MARK</b>
STREET ADDRESS	<b>3220 S.W. 18TH STREET</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Mark Landers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/2 (954) 214-5535  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

7-5-2

To Whom It may Concern:

Document # P9900002115

# P9900002115

119510

I am enclosing my check for  
\$150<sup>00</sup>, as I have never received  
the 1st document.

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Thank you in Advance,

Mark Lane

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