2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000022770 Sep 05, 2000 8:00 am Secretary of State 1. Entity Name JB YACHT INDUSTRIES, INC. 09-05-2000 90045 005 ***150.00 Mailing Address Principal Plage of Business 64 E BLUE HERON BLVD 64 E BLUK HERON BLVD RIVIERA BEACH FL 33408 RIVIERA BEACH FL 33408 A0075346 2. Principal Place of Business 3. Mailing Address 17125 BAy Street 2010 Auc B Suite, Apt. #, etc. 0919443 ity & State City & State Applied For 261-72-3806 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 34v8alm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 11911 US HWY ONE STE 201 N PALM BEACH FL 33408 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition CR2E034 (5/00 TITLE ☐ Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trusted 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 attach SIGNATURE:

Daytime Phone 8

attachment Woc#: 199000022770 AU075346

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



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