2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

17125 BAY STREET JUPITER FL 33477

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

P99000022770 DOCUMENT

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

NORTH PALM BEACH FL 33408

2. Principal Place of Business

Suite, Apt. #, etc.

COOK, ROBERT B

11911 ÚS HWY ONE STE 201 N PALM BEACH FL 33408

City & State

Zip

2010 AUC B

JB YACHT INDUSTRIES, INC.



Country

City

FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90033 010 ***150.00

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			CHECK H	ERE IF N	MAKING	6 CHA	NGES			
	4. f	El Number	65-09194	143				olied For Applicable		
,	5. (Certificate of	Status Desir	ed			5 Addi	tional		
	7. N	lame and A	ddress of N	w Regis	stered .	Agent	•			
Name			,							
Street A	ddress (P.O. B	ox Number i	s Not Accep	table)				•		
City	٠				FL	_ Z	ip Code			
office or	registered age	ent, or both,	in the State	of Florida	a. Iam	familia	ir with, a	ind accept		
gent signatu	ire required when re	instating)			DATE					
			ion Campaig Fund Contril		eing E]		May Be to Fees		
	AD	DITIONS/C	HANGES TO	OFFICE	RS AND	DIRE	CTORS	IN 11		
							hange	☐ Addition		

	named entity submits this statement for the purp- tions of registered agent.	ose of changing its re	gistered office or r	registered agent, or both, in the State of Florida. I ar	m familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent and title if app	licable. (NOTE: R	Registered Agent signatur	ure required when reinstating) DATE	<u></u>	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBONI, ALBERT J 17125 BAY STREET JUPITER FL 33477	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

12. 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 10 or Block 11 if changed, or on an attachoreal with an address, with all other like empowered.

SIGNATURE:

561-252-5220