

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025183

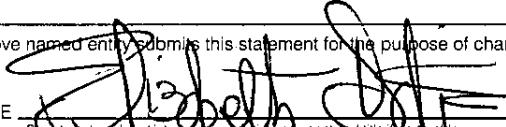
1. Entity Name
AWESOME BOAT SERVICE, INC.Principal Place of Business
18761 WEST DIXIES HIGHWAY
SUITE 283
NORTH MIAMI BEACH FL 33180Mailing Address
18761 WEST DIXIES HIGHWAY
SUITE 283
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business 3032 S. OAKLAND FOREST DA. Suite, Apt. #, etc. 2801	3. Mailing Address 3032 S. OAKLAND FOREST DR. Suite, Apt. #, etc. 2801
City & State FT. LAUDERDALE, FL Zip 33309	City & State FT. LAUDERDALE, FL Zip 33309
Country U.S.A	Country U.S.A

4. FEI Number 65-0906319
Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent ADIV, ELIZABETH 18761 WEST DIXIES HIGHWAY SUITE 283 NORTH MIAMI BEACH FL 33180	7. Name and Address of New Registered Agent Name ELIZABETH ADIV Street Address (P.O. Box Number is Not Acceptable) 3032 S. OAKLAND FOREST DA. SUITE 2801 City FT. LAUDERDALE FL Zip Code 33309
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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 

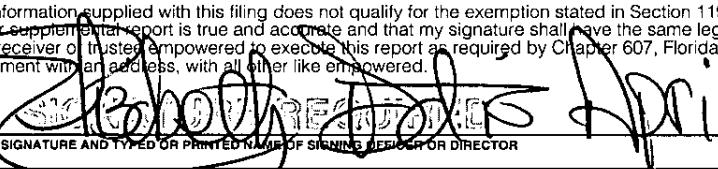
(NOTE: Registered Agent signature required when reinstating)

4/1/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME ADIV, ELIZABETH STREET ADDRESS 18761 WEST DIXIES HIGHWAY CITY-ST-ZIP NORTH MIAMI BEACH FL 33180	<input type="checkbox"/> Delete	TITLE D NAME ADIV, ELIZABETH STREET ADDRESS 3032 S. OAKLAND FOREST DA. CITY-ST-ZIP FT. LAUDERDALE, FL 33309
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90712 007 ***150.00

AV
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CR2E034 (9/01)