

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90712 007 ***150.00

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DOCUMENT # P99000025183			
1. Entity Name AWESOME BOAT SERVICE, INC.			
Principal Place of Business 18761 WEST DIXIES HIGHWAY SUITE 283 NORTH MIAMI BEACH FL 33180		Mailing Address 18761 WEST DIXIES HIGHWAY SUITE 283 NORTH MIAMI BEACH FL 33180	
2. Principal Place of Business 3032 S. OAKLAND FOREST DR. SUITE, Apt. #, etc. 2801		3. Mailing Address 3032 S. OAKLAND FOREST DR. SUITE, Apt. #, etc. 2801	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33309	Country U.S.A	Zip 33309	Country U.S.A
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 DR. SUITE 2801 City FT. LAUDERDALE FL 33309	
8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Elizabeth Adiv (NOTE: Registered Agent signature required when reinstating) DATE 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"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ADIV, ELIZABETH 18761 WEST DIXIES HIGHWAY NORTH MIAMI BEACH FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADIV, ELIZABETH 3032 S. OAKLAND FOREST DR. FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

CR2E034 (9/01)