

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027271

1. Entity Name

YACHT & SHIP SERVICES CO.

Principal Place of Business

Mailing Address

826 HARRISON STREET
HOLLYWOOD FL 33319

826 HARRISON STREET
HOLLYWOOD FL 33019-1621

2. Principal Place of Business

311 SE 2ND ST. #105

3. Mailing Address

311 SE 2ND ST. #105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA BEACH, FL

City & State

DANIA BEACH, FL

Zip

33004

Country

Zip

33004

Country

4. FEI Number

65-0902865

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

ROSE-GALLOTTINI, ROBERT
826 HARRISON STREET
HOLLYWOOD FL 33319

Name ROSE, ROBERT

Street Address (P.O. Box Number is Not Acceptable)

311 SE 2nd ST. #105

City

DANIA BEACH, FL

FL

Zip Code

33004

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.

ROBERT ROSE, RA

3-29-00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PSTD
NAME ROSE-GALLOTTINI, ROBERT ☐ Delete
STREET ADDRESS 826 HARRISON STREET
CITY-ST-ZIP HOLLYWOOD FL 33319

TITLE PSTD
NAME ROSE, ROBERT ☒ Change ☐ Addition
STREET ADDRESS 311 SE 2nd ST. #105
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT ROSE, PRESIDENT 3/29/00 954-614-0875

CR2E034 (9/99)