2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031058 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name BOATS, INC. 04-17-2000 90121 031 ***150.00 Mailing Address Principal Place of Business 12290 AUTOMOBILE BLVD 12290 AUTOMOBILE BLVD CLEARWATER FL 33762 CLEARWATER FL 33762-4423 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3571498 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOULE, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 12290 AUTOMOBILE BLVD **CLEARWATER FL 33762** Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition **PVST** ☐ Change TITLE Delete TITLE JOULE, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 12290 AUTOMOBILE BLVD CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** ☐ Delete TITLE Change Addition TITLE JOULE, WILLIAM NAME STREET ADDRESS STREET ADDRESS 12290 AUTOMOBILE BLVD CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** Delete _____.Change Addition TITLE TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 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:

OF SIGNING OFFICER OF DIRECTOR

4-11-00

727-573-2627

Daytime Phone