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2000 UNIFORM BUSINESS REFORT (UBR)

SIGNATURE:

## May 24, 2000 8:00 am Secretary of State DOCUMENT # P99000031766 1. Entity Name YACHT MASTER CLOTHING COMPANY 04-27-2000 90023 020 \*\*\*150.00 Principal Place of Business Mailing Address 2495 CAT CAY LANE 24% CAT CAY LANE FORT LAUDERDALE FL 33312-4751 FORT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 45-0909681 Not Applicable Country Zip Country Zip \$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 PENNIFER SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable 343 ALMERIA AVENUE **CORAL GABLES FL 33134 にかりかいひかいき** 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. **PSD** Change Addition CR2E034 (9/99) 🔲 Delete TITLE TITLE DUNNING, JENNIFER K NAME NAME STREET ADDRESS STREET ADDRESS 2495 CAT CAY LANE CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP ☐ Addition ☐ Change CTV ☐ Delete TITLE TITLE FRY, MARK NAME NAME STREET ADDRESS 2495 CAT CAY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filling 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.