FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 14, 2001 8:00 am Secretary of State DOCUMENT # P99000031766 1. Entity Name YACHT MASTER CLOTHING COMPANY 5-14-2001 90043 047 \*\*\*150.00 Principal Place of Business Mailing Address 2495 CAT CAY LANE 2495 CAT CAY LANE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address 2424 Cat 2424 Cat Cay lane Cau lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0909681 Ft. Lauderdale 14. Lauderdale Not Applicable \$8.75 Additional 5. Certificate of Status Desired ---33312 Broward Fee Required roward 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONNING, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 2495 CAT CAY LANE FORT LAUDERDALE FL 33312 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intancible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. **PSD** ☐ Addition Change TITLE ☐ Delete DUNNING, JENNIFER K NAME STREET ADDRESS 2495 CAT CAY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Change ☐ Addition VTD Delete TITLE FRY, MARK NAME NAME STREET ADDRESS 2495 CAT CAY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete 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 ☐ Delete ☐ Change Addition TITLE TITLE NAME 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 eath; 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 HAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 954-327-1141
Gate Davtime Phone #