## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P99000035480

1. Entity Name

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## **FILED** Mar 20, 2003 8:00 am Secretary of State

YACHT SERVICES OF SARASOTA, INC.							03-20-2003 \$	0103 020	130	.00
Principal Place of Business  1889 NORTH TAMIAMI TRAIL  SARASOTA FL 34234  Mailing Address  1889 NORTH TAMIAMI TRAIL  SARASOTA FL 34234  SARASOTA FL 34234							OF IND HOUSE COURT COURT OF	     <b>18</b>      <b>16</b>    <b>18</b>		()
Principal Place of Business     3. Mailing Address					.,	CHECK HERE IF MAKING CHANGES				
Suite, Apt. #, etc. Suite, Apt. #, etc.				·						
City & Sta	ate	City	& State			4. FEI Numbe	<sup>er</sup> 59-3572457			Applied For Not Applicable
Zìp	Country	Zip	ಕರಿಯಲ್ಲಿಗಳು ನಿಷ್ಣಿಸಿ	Country	y .*.=- <del></del>	5. Certificate	of Status Desired	;	<b>8.75</b> Ace Requir	dditional ed =
<del></del>	6. Name and Address	of Current Registere	ed Agent			7. Name and	Address of New R	egistered A	gent	
					Name					
	WSKI, ALEXANDER G				Street Address (	PO Box Numbe	er is Not Acceptable	٠		
1834 MAI	in street					.o. box (dillioc				
SARASO1	TA FL 34236			İ						
					City			FL	Zip Co	
8. The above the obliga	re named entity submits this s ations of registered agent.	statement for the purp	ose of changing its	registered	office or register	ed agent, or bot	h, in the State of Flo	rida. I am fa	ımiliar with	, and accept
SIGNATURE		1								1
SIGNALORE	Signature, typed or printed name of re-	gistered agent and title if app	dicable. (NOTE	E: Registered A	gent signature required	when reinstating)		DATE		
147							*			
**/* \$						1				
• • •	FILE NOW!!! FEE IS \$1: or May 1, 2003 Fee will be					<b>9</b> . Ele	ction Campaign Fin	ancing	\$5.0	<b>30</b> May Be
Afte	er May 1, 2003 Fee will be	\$550.00					ction Campaign Fin st Fund Contribution	· ·		00 May Be od to Fees
Afte	er May 1, 2003 Fee will be k Payable to Florida Depa	\$550.00 artment of State	RS	11.		Tru	st Fund Contribution	n. 🔲	Adde	d to Fees
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Afte Make Chec 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	or May 1, 2003 Fee will be be Payable to Florida Depa OFFIC DPST BROWN, KEVIN T 799 TROPICAL CIRCLE SARASOTA FL 34242	\$550.00 artment of State		TITLE NAME STREET A CITY-ST	1	Tru	st Fund Contribution	CERS AND I	Adde	ed to Fees
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indicated on this report or supplied with this ming does not quality 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: