

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90842 019 ***150.00

DOCUMENT # P99000038247

1. Entity Name
U.S. POWERBOAT, INCORPORATED

Principal Place of Business Mailing Address
4723 WEST ATLANTIC AVE..#12 **4723 WEST ATLANTIC AVE..#12**
DELRAY BEACH FL 33445 **DELRAY BEACH FL 33445-3865**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0917613 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINCENT, BERNARD J III
4723 WEST ATLANTIC AVE.,#12
DELRAY BEACH FL 33445

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	BERNARD J. VINCENT	
STREET ADDRESS	19862 GARDENIA DRIVE	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MICHAEL F. GILMOND	
STREET ADDRESS	18721 S.E. RIVER RIDGE ROAD	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	T	<input type="checkbox"/> Delete
NAME	B. JOSEPH VINCENT	
STREET ADDRESS	2878 N.W. 24TH WAY	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAH G. VINCENT	
STREET ADDRESS	19862 GARDENIA DRIVE	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **BERNARD J. VINCENT** Date: **27 APR 00** Daytime Phone #: **(561)346-4335**

CR2E034 (9/99)