## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # **P99000038520** PINNACLE YACHT SALES, INC. 05-01-2000 90479 002 \*\*\*150.00 Mailing Address Principal Place of Business 1402 E LAS OLAS BLVD. SUITE 1092 1402 E LAS OLAS BLVD. SUITE 1092 FT LAUDERDALE FL 33301-2336 : LAUDERDALE FL 33301 949334 2. Principal Place of Business 1815 SE 17TH 5T 3. Mailing Address 1080 SE AVENUE DO NOT WRITE IN THIS SPACE Apt. #, etc. Applied For ANDERDALE 65-09 Not Applicable 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 -WRIGHT, PETER Street Address (P.O. Box Number is Not Acceptable) 1402 E LAS OLAS BLVD, SUITE 1092 FT LAUDERDALE FL 33301 AWERDALE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Delete TITLE DIP TITLE NAME HUDSON, STEVEN W NAME STREET ADDRESS 1402 E LAS OLAS BLVD, SUITE 1092 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Delete TITLE WEIGHT NAME SE 3RD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 of upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mental 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 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 an address with all other like empowered. I hereby certify that the information indicated on this report or suppler of the corporation or the recei

changed, or on an attachmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: