2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P9900038520

1. Entity Name



FILED Feb 24, 2003 8:00 am Secretary of State

PINNAC	CLE YACHT SALES, INC.	•			02-24-2003 90180	0000 130).00
Principal Place of Business 1515 SE 17TH ST STE. 125 FORT LAUDERDALE FL 33316 Mailing Address 1080 SE 3RD AVE. FORT LAUDERDALE FL			EL 33316				
2. Principal Place of Business		3. Mailing Address		\dashv			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	4. FEI Number 65-0915305 Applied For		
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ac Fee Requir	lot Applicable
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Register		eu
WEIGHT			Name		The register	red Agent	<u>. </u>
WRIGHT, PETER 1080 SE 3RD AVE.			Street Addres	s (P.O. i	Box Number is Not Acceptable)		
FORT LAUDERDALE FL 33316			<u> </u>	<u> </u>			
LOUI D	ODENDALE FL 33316						
	. .	,	City	•		Zip Cod	 de
8. The above	e named entity submits this statement fo	r the purpose of changing	its registered office or regis	tered ac	Cent or both in the State of Florida I	(
the obliga	itions of registered agent.	, ,	na regional amod or regio	icieu ag	gent, or both, in the State of Florida. The	am tamiliar with,	and accept
SIGNATURE							
	Signature, typed or printed name of registered agent a	and title if applicable. (N	OTE: Registered Agent signature requ	ired when n	einstating) DA	TE .	
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.	\$5.0	00 May Be
10.	OFFICERS AND	DIRECTORS	11.		DDITIONS/CHANGES TO OFFICERS A	ND DIDECTOR	- 11-11
TITLE	DP	Delete	TITLE		DETICACIONALES TO OFFICERS A	Change	Addition
NAME	HUDSON, STEVEN W		NAME			L_ Change	Audition
STREET ADDRESS CITY-ST-ZIP	1080 SE 3RD AVE FORT LAUDERDALE FL 33316		STREET ADDRESS				
			CITY-ST-ZIP				
TITLE NAME	vpst wright, peter	☐ Delete	TITLE		-	☐ Change	☐ Addition
STREET ADDRESS	1080 SE 3RD AVE		NAME STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP				
TITLE		Delete	TITLE				
NAME	and the control of th		NAME	~ ~ ,	*= . _*	Change	☐ Addition .
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
ITLE		☐ Delete	TITLE			☐ Change	Addition
IAME STREET ADDRESS			NAME				
STY-ST-ZIP			STREET ADDRESS				
ITLE			CITY-ST-ZIP			<u> </u>	
AME .		Delete	TITLE			☐ Change	☐ Addition
TREET ADDRESS			NAME				

12. 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 length 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

■ Addition