## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000039191

Entity Name: BOATS & COACHES, INC

FILED Mar 24, 2003 Secretary of State

y	mer borriode.	57.01 120, III.			
Current Principal Place of Business:			New Principal Place of Business:		
	MAR DRIVE AGES, FL 32159	US			
Current Mailing Address:			New Mailing Address:		
P O BOX 1	1299 AGES, FL 32159	US			
FEI Number	: 59-3573923 F	FEI Number Applied For()	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	l Address of Cur	rent Registered Agent:	Name and	Address of New Registered Agent:	
976 DEL N	JEFFREY P MAR DRIVE AGES, FL 32159	US			
	e named entity sub e of Florida.	mits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Age	ent	Date	
Fl4: 0		ust Fund Contribution ( ).			
	S AND DIRECTO	` '	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DPS () De BURNSED, R. DEV 976 DEL MAR DRIV THE VILLAGES, FL	VEY √E	Title: Name: Address: City-St-Zip:	DS (X) Change ( ) Addition BURNSED, R. DEWEY 976 DEL MAR DRIVE THE VILLAGES, FL 32159 US	
Title: Name: Address: City-St-Zip:	DV () De MCLIN, WALTER S 1000 W MAIN ST LEESBURG, FL 34	S III	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	DV () Delete FREDERICK, W.D. JR 105 W NEW HAMPSHIRE ST : ORLANDO, FL 32804 US		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV ( ) Delete BRIDGES, CLIFTON L 6525 SUNNYSIDE DRIVE LEESBURG, FL 34748 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	( ) De	lete	Title: Name: Address: City-St-Zip:	DP ( ) Change (X) Addition SMITH, PHILLIP S 1000 WEST MAIN STREET LEESBURG, FL 34748	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP S. SMITH PD 03/24/2003