

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044532

1. Entity Name

SABRINA YACHTS, INC.

Principal Place of Business

9 GATEWAY DRIVE
COLLINSVILLE IL 62234

Mailing Address

9 GATEWAY DRIVE
COLLINSVILLE IL 62234

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 37-1385042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEANGELO, CHARLES
6860 PALMETTO CIRCLE SOUTH
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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

TITLE P
NAME FEARS, VICTOR ☐ Delete
STREET ADDRESS 9 GATEWAY DRIVE
CITY-ST-ZIP COLLINSVILLE IL 62234

TITLE S
NAME RIDGIG, NANCY ☐ Delete
STREET ADDRESS 9 GATEWAY DR
CITY-ST-ZIP COLLINSVILLE IL 62234

TITLE TD
NAME FEARS, GARY ☒ Delete
STREET ADDRESS 9 GATEWAY DR
CITY-ST-ZIP COLLINSVILLE IL 62234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T/D
NAME FEARS, GARY ☒ Change ☐ Addition
STREET ADDRESS 9 GATEWAY DR.
CITY-ST-ZIP COLLINSVILLE, IL 62234

TITLE S
NAME NANCY RIDGIG ☒ Change ☐ Addition
STREET ADDRESS 9 GATEWAY DR
CITY-ST-ZIP COLLINSVILLE, IL 62234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01

Date

618 346 2600

Daytime Phone #

CR2E034 (10/00)

UBR001

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90113 008 ***150.00



DO NOT WRITE IN THIS SPACE