

Amended

FILED

Jul 10, 2001 8:00 am
Secretary of State

05-23-2001 91189 007 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048720

1. Entity Name

Boat Savers, Inc.

Principal Place of Business

29A Wood Arbor Drive
Palm Coast, FL 32164

Mailing Address

1435 Tolmie Ave.
Pittsburgh PA 15216

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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Musto, Tom
29A Wood Arbor Drive
Palm Coast, FL 32164

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 withdrawing.

Date

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: OP
NAME: Linda Musto
STREET ADDRESS: 1435 Tolmie Ave.
CITY-ST-ZIP: Pittsburgh PA 15216

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Delete
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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Owner/President
NAME: Thomas Musto
STREET ADDRESS: 29A Wood Arbor Dr.
CITY-ST-ZIP: Palm Coast, FL 32164

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

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STREET ADDRESS: ☐ Change ☐ Addition
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 118.07(3)(b), 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 fees empowered.

SIGNATURE:

Tom Musto - Tom Musto

5/16/01

877-870-2628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Daytime Phone #