

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000051742**1. Entity Name  
FLORIDA BOAT, INC.

## Principal Place of Business

343 CAUSEWAY BLVD.

DUNEDIN  
34698

FL

## Mailing Address

343 CAUSEWAY BLVD.

DUNEDIN  
34698

FL

## 2. Principal Place of Business

## 3. Mailing Address

920 WISCONSIN AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City & State  
PALM HARBOR

FL

Zip

Country

Zip

Country

34683

## 4. FEI Number

59-3578771

Applied For

Not Applicable

## 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

DAN FELICE R  
920 WISCONSIN AVE.PALM HARBOR  
34683

FL

US

## 7. Name and Address of New Registered Agent

Name

LEVY FELICE R

Street Address (P.O. Box Number is Not Acceptable)  
920 WISCONSIN AVE.City  
PALM HARBOR

FL

Zip Code  
34683

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 **FELICE R. LEVY**

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

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

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	VP	<input type="checkbox"/> Delete
NAME	ROSENTHAL STUART	
STREET ADDRESS	4301 LONSDALE DR	
CITY-ST-ZIP	CHATTANOOGA TN 37411	
TITLE	PVPS	<input type="checkbox"/> Delete
NAME	DAN FELICE	
STREET ADDRESS	920 WISCONSIN AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY HOWARD G	
STREET ADDRESS	920 WISCONSIN AV	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY FELICE R	
STREET ADDRESS	920 WISCONSIN AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **FELICE R. LEVY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

04/30/2001

Date

Daytime Phone #

CR2E034 (11/00)