

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057198

1. Entity Name

YACHT INTERIOR FURNISHINGS, INC.

07-13-2000 90267 017 ***150.00
P99000057198

FILED

00 OCT 27 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5620 NW 12TH AVE. STE. 102
FT. LAUDERDALE FL 33309

Mailing Address

5620 NW 12TH AVE. STE. 102
FT. LAUDERDALE FL 33309

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-094-2440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAIG, DEBORAH A
5620 NW 12TH AVE., STE. 102
FT. LAUDERDALE FL 33309

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

Deborah A. Craig
Signature, typed or printed name of registered agent and title is acceptable (NOTE: Registered Agent signature required when reinstating)

7/10/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRESIDENT
DEBORAH A. CRAIG
5620 NW 12TH AVENUE
FT. LAUDERDALE, FL 33309*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
*VICE PRESIDENT
JAMES H. CRAIG
5620 NW 12TH AVENUE
FT. LAUDERDALE, FL 33309*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE REQUIRED

Deborah A. Craig 10/23/00 (954) 776-6350
Signature and typed or printed name of signing officer or director Date Daytime Phone #