

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/8/00-90008-017-\$550.00-\$550.00

DOCUMENT # P99000059834

1. Entity Name

BOATING BUDDIES INC.

FILED  
SECRETARY OF STATE  
VISION OF CORPORATION

00 SEP 25 PM 12:35

Principal Place of Business

Mailing Address

16E HILTON HAVEN DRIVE  
KEY WEST FL 33040

16E HILTON HAVEN DRIVE  
KEY WEST FL 33040

2. Principal Place of Business 2400 E Las Olas Blvd

3. Mailing Address 2400 E Las Olas Blvd

Suite, Apt. #, etc. 406

Suite, Apt. #, etc. 406

City & State Ft Lauderdale FL

City & State Ft Lauderdale FL

4. FEI Number 65-0938381

Applied For  
Not Applicable

Zip 33301

Country USA

Zip 33301

Country USA

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

ZELLA, RANDY E  
16E HILTON HAVEN DRIVE  
KEY WEST FL 33040

Name Randy E Zella

Street Address (P.O. Box Number is Not Acceptable)

2400 E Las Olas Blvd  
406

City Ft Lauderdale

FL

Zip Code 33301

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 Randy E Zella

8-18-00

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ZELLA, RANDY E  
STREET ADDRESS 16E HILTON HAVEN DRIVE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE  
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CITY-ST-ZIP

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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

Randy E Zella

9-20-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (5/00)