

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059834

1. Entity Name

BOATING BUDDIES INC.

Principal Place of Business

2400 E LAS OLAS BLVD  
406  
FT LAUDERDALE FL 33301

Mailing Address

2400 E LAS OLAS BLVD  
406  
FT LAUDERDALE FL 33301

2. Principal Place of Business

6909 South Indian River Drive  
Suite, Apt. #, etc.

3. Mailing Address

6909 South Indian River Drive  
Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Fort Pierce FL

Zip

34982

Country

USA

Zip

34982

Country

USA

6. Name and Address of Current Registered Agent

ZELLA, RANDY E  
2400 E LAS OLAS BLVD  
406  
FT LAUDERDALE FL 33301

4. FEI Number

65-0938381

Applied For

Not Applicable

5. Certificate of Status Desired - ☐ ☒

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

6909 South Indian River Drive

City

Fort Pierce

FL

Zip Code

34982

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*

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

(NOTE: Registered Agent signature required when reinstating)

4-27-01

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	D	<input type="checkbox"/> Delete
NAME	ZELLA, RANDY E	
STREET ADDRESS	16E HILTON HAVEN DRIVE	
CITY-ST-ZIP	KEY WEST FL 33040	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6909 South Indian River Dr.	
CITY-ST-ZIP	Fort Pierce, FL 34982	
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)(f), 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:

*Randy E Zella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-01

Daytime Phone #

FILED  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90052 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)