

2000 UNIFORM BUSINESS REPORT (UBR)

8.

FILED
Sep 06, 2000 8:00 am
Secretary of State

08-16-2000 90003 006 ***150.00

DOCUMENT # P99000063916

1. Entity Name

Aeroglide Airboats, INC.

Principal Place of Business

Mailing Address

**985 E. Washington Ave.
 Pierson, FL 32186**

Same

2. Principal Place of Business

3. Mailing Address

Same
 Suite, Apt. #, etc.

Same
 Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

USA

USA

4. FEI Number

59-3580935

Applied For

Not Applicable

5. Certificate or Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Marsh Tucker Gaffney
 985 E. Washington Ave
 Pierson, FL 32186**

7. Name and Address of New Registered Agent

Name **Marsh Tucker Gaffney**
 Street Address (P.O. Box Number is Not Acceptable) **985 E. Washington Ave**
 City **Pierson** FL Zip Code **32186**

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 **Marsh Tucker Gaffney**

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

(NOTE: Registered Agent signature required when reinstating)

8/9/00
 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 \$150.00
After MAY 1, 2000 Fee will be \$50.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Marsh Tucker Gaffney	
STREET ADDRESS	985 E Washington Ave.	
CITY-ST-ZIP	Pierson, FL 32186	
TITLE	Vice - President	<input type="checkbox"/> Delete
NAME	Allen Gaffney	
STREET ADDRESS	310 Steel rd.	
CITY-ST-ZIP	Seville FL 32190	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Marsh Tucker Gaffney**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/00 **904-673-3575**
 Date Daytime Phone #

CR2E034 (9/99)