

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

Same

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

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

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 \$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	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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Marsh Tucker Gaffney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/00

DATE

904-673-3575

Daytime Phone #

CR2E034 (9/99)