

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90029 043 ***150.00

DOCUMENT # P99000077312
Entity Name
TOTE-A-BOAT, INC.

Principal Place of Business
W. FIRST AVE.
FL 32046
Mailing Address
P.O. BOX 605
HILLIARD FL 32046-0605

838308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5833 Donnelly Circle
Suite, Apt. #, etc.
3. Mailing Address
5833 Donnelly Circle
Suite, Apt. #, etc.

City & State
Orlando FL
Zip
32821-7665
Country
USA
City & State
Orlando, FL
Zip
32821-7665
Country
USA

4. FEI Number
59-3594330
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LICHTERMAN, RONALD I
8305 W. FIRST AVE.
HILLIARD FL 32046

7. Name and Address of New Registered Agent
Name
LichterMAN, RONALD I.
Street Address (P.O. Box Number is Not Acceptable)
5833 Donnelly Circle
City
Orlando FL Zip Code
32821-7665

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
LichterMAN
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE
4-15-00

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P LICHTERMAN, RONALD I P.O. BOX 605 HILLIARD FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S WOODS, DIANA R P.O. BOX 605 HILLIARD FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LichterMAN, RONALD I. 5833 Donnelly Circle Orlando, FL 32821-7665
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Woods, DIANA R. 5833 Donnelly Circle Orlando, FL 32821-7665
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Diana R Woods
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/18/00 407/239-7907
Date Daytime Phone #