

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90165 021 \*\*\*150.00

**DOCUMENT # P99000084302**

**1. Entity Name**  
**YACHT CORROSION CONTROL, INC.**



**Principal Place of Business**  
**2485 INDIGO DRIVE**  
**CLEARWATER FL 33763-1321**

**Mailing Address**  
**2485 INDIGO DRIVE**  
**CLEARWATER FL 33763-1321**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**59-3605549**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~BROWN, FORDYCE M~~ → **CHANGE**  
**2485 INDIGO DRIVE**  
**CLEARWATER FL 33763-1321**

Name  
**MRS BARBARA BROWN**  
Street Address (P.O. Box Number is Not Acceptable)  
**2485 INDIGO DRIVE**  
City **CLEARWATER** FL Zip Code **33763-1321**

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE Barbara Brown

1-24-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PDT** ☒ Delete  
NAME **BROWN, FORDYCE M**  
STREET ADDRESS **2485 INDIGO DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 33763-1321**

TITLE ☒ Change ☐ Addition  
NAME **DECEASED**  
STREET ADDRESS **OCTOBER, 2002**  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **BROWN, BARBARA**  
STREET ADDRESS **2485 INDIGO DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 33763-1321**

TITLE **VSD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **MASON, ROBERT P**  
STREET ADDRESS **7739 QUAKER NECK ROAD**  
CITY-ST-ZIP **BOZMAN MD 21612-0047**

TITLE **PDT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MASON, MARILYN**  
STREET ADDRESS **7739 QUAKER NECK ROAD**  
CITY-ST-ZIP **BOZMAN MD 21612-0047**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Robert P. Mason

**Robert P. MASON**

1-21-03

410-745-3266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)