2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

MARCIA ADLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 17, 2001 8:00 am **DOCUMENT # P99000092637** Secretary of State 1. Entity Name 04-23-2001 90124 022 ***150.00 **BOATS 4 LESS. INC.** Principal Place of Business Mailing Address 234 S FEDERAL HWY 234 S FEDERAL HWY POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0959660 Not Applicable Zio Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARCIA ADLER adder, marcia Street Address (P.O. Box Number is Not Acceptable) 1010 SE-ZTH AVE POMPANO BEACH FL 33060 2850 MARINA CIRCLE CityLIGHTHOUSE POINT 8. The above named entity submits this statement for the purpose of chapging its registered office or registered agent, or both, in the State of Florida. PRESIDENT SIGNATURE d Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE Kknange ADLER, HARRY NAME 2850 MARINA CIRCLE NAME STREET ADDRESS 1010 SE 7TH AVE STREET ADDRESS LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 ADLER, MARCIA 2850 MARINA CIRCLE RESIDENT TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS LIGHTHOUSE POINT, FL 33064 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VICE PRESIDENT RAYMOND BORHER TITLE. . Delete 🗻 TITLE NAME NAME 3210 NE 1013-AVE STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-719 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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

LLEN

4-15-01

FILED