FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90430 031 ***150.00

DOCUMENT # P99000092637

1. Entity Name
Boats 4 Less, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Boats 4 Less INC
Suite, Apt. #, etc.
Pompano Beach Fla
Zip 33062 County BROWARD

3. Mailing Address
230 S Federal Hwy
Suite, Apt. #, etc.
City & State
Zip Country

40090144
DO NOT WRITE IN THIS SPACE

4. FEI Number
65-095-9660
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name HARLEY D FULLER
Street Address (P.O. Box Number is Not Acceptable)
230 S FEDERAL HWY
City Pompano Beach FL Zip 33062

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 _____ DATE
Signature, type or printed name of registered agent and title, if applicable — Required Registered Agent's signature required when changing

January 1 - May 1st Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCIA ADLER - PRES 2850 MALNA CIRCLE LIGHT HOUSE POINT FLA 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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

SIGNATURE: _____ 4/12/7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marcia Adler
President 4/26/07