

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90110 021 ***150.00

DOCUMENT # P99000098253

1. Entity Name
COMPLETE YACHT CARE, INC.



Principal Place of Business
**4420 NE 5TH AVENUE
BOCA RATON FL 33431**

Mailing Address
**4420 NE 5TH AVENUE
BOCA RATON FL 33431**



2. Principal Place of Business

6120 N.W. 32nd Terr.
Suite, Apt. #, etc.

3. Mailing Address

6120 N.W. 32nd Terr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Ft. Lauderdale Fl.

City & State

Ft. Lauderdale Fl.

4. FEI Number

65-0965524

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BREDE, DARREN
4420 NE 5TH AVENUE
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name
Edward Mosher

Street Address (P.O. Box Number is Not Acceptable)

6120 N.W. 32nd Terr.

City
Ft. Lauderdale

FL

Zip Code

33309

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

E. Mosher

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BRODE, DARREN
4420 NE 5TH AVENUE
BOCA RATON FL 33431** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Pres.
Edward Mosher
6120 N.W. 32nd Terr.
Ft. Lauderdale Fl. 33309** ☒ Change ☐ Addition

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Mosher **3/9/03** **954-600-6222**

Date

Daytime Phone #

CR2E034 (10/02)