## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2000 8:00 am Secretary of State DOCUMENT # **P99000098607** K. & W. YACHT SALES, INC. 02-15-2000 90048 025 \*\*\*150.00 Principal Place of Business Mailing Address 10715 LAKEHILL DR. iűőis lakéhill dr. CLERMONT FL 34711-8482 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip 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 Name STAMP, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 10715 LAKEHILL DR. CLERMONT FL 34711 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered 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 Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition PD ☐ Change ☐ Delete TITLE TITLE STAMP, WILLIAM STREET ADDRESS 10715 LAKEHILL DR. STREET ANDRESS 1.T' ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 ☐ Change Addition Delete TITLE HILL NAME STREET ADDRESS CHARLES ANDRESS CITY-ST-ZIP ST-ZIP Addition ☐ Delete Change TITLE NAME STREET ADDRESS CHER ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME 4NCBESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE STREET ADDRESS CITY-ST-ZIP ST-ZIP Change ☐ Delete ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 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 11 or Block 12 if

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