

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91524 028 ***158.75

DOCUMENT # P99000105845

1. Entity Name

BOATWORX.com, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4289 MARINER WAY

Suite, Apt. #, etc.

Suite # 312

City & State

FL MYERS, FL

Zip

33919

Country

USA

3. Mailing Address

4289 MARINER WAY

Suite, Apt. #, etc.

Suite #312

City & State

FL MYERS, FL

Zip

33919

Country

USA

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4. FEI Number

65-0985384

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GARELLEK, STEVEN

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

700 S. FEDERAL HWY., Suite 200

City

Boca Raton

FL

Zip Code

33432

**DO NOT WRITE
IN THIS SPACE**

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 STEVEN GARELLEK

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

(NOTE: Registered Agent signature required when reinstating)

22 APR 02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME TAYLOR, CLIFFORD
STREET ADDRESS 1160 BEDFORD Hwy. Suite 303
CITY- ST- ZIP HALIFAX, N.S CANADA B4A 1C1

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE STD
NAME TAYLOR, STEPHEN
STREET ADDRESS 4289 MARINER WAY Suite 312
CITY- ST- ZIP FL MYERS, FL 33919 USA

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IN THIS SPACE**

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

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 APR 2002 (239) 216 2628

Date

Daytime Phone #