2000 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2000 08:00 AM DOCUMENT # **P99000106480** 1. Entity Name **Secretary of State** DAVE'S WORLD OF OUTBOARDS, INC. Principal Place of Business Mailing Address 13900 OVERSEAS HIGHWAY POST OFFICE BOX 501874 MARATHON FL MARATHON FL 33050 33050 2. Principal Place of Business 3. Mailing Address 2059 OVERSEAS HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MARATHON FL 65-0966282 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33050 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES 33134 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. 09/12/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TILE ☐ Detete ☐ Change X Addition NAME WRINN-IRWIN TABITHA STREET ADDRESS STREET ADDRESS POST OFFICE BOX 501874 CITY-ST-ZIP CITY-ST-ZIP MARATHON 33050 TITLE ☐ Delete PSTD TITLE PSTD X Change ☐ Addition NAME NAME TR W/IN JOHN. D TRWIN IR JOHN D STREET ADDRESS 13900 OVERSEAS HIGHWAY STREET ACCRESS POST OFFICE BOX 501874 CITY-ST-ZIF MARATHON FL. 33050 CITY-ST-7IP MARATHON FT. 33050 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

FILED

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

CIONIATURE. IOUND IDWIN ID