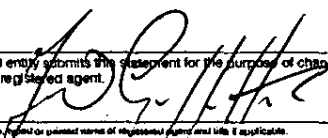
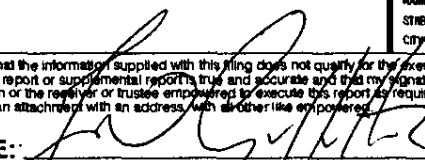


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91327 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S33399		
1. Entity Name BOATYARD PROPERTIES, INC.		
Principal Place of Business 819 PARADISE WAY SARASOTA, FL 34242		Mailing Address 819 PARADISE WAY SARASOTA, FL 34242
2. Principal Place of Business 4201 PALACIO DR. Suite, Apt. #, etc.		3. Mailing Address 4201 PALACIO DR. Suite, Apt. #, etc.
City & State SARASOTA FL		City & State SARASOTA FL
Zip 34238	County SAR.	Country SAR.
4. FEI Number 65-0250731		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GRIFFITHS, FREDRICK N. 819 PARADISE WAY SARASOTA, FL 34242		7. Name and Address of New Registered Agent Name FREDRICK N GRIFFITHS. Street Address (P.O. Box Number is Not Acceptable) 4201 PALACIO DR. City SARASOTA FL Zip Code 34238
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 04/28/03.		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE ☒ Delete NAME PST GRIFFITHS, FREDRICK N. STREET ADDRESS 819 PARADISE WAY CITY-ST-ZIP SARASOTA, FL 34231		TITLE ☒ Change ☐ Addition NAME PST GRIFFITHS, FREDRICK N. STREET ADDRESS 4201 PALACIO DR. CITY-ST-ZIP SARASOTA FL 34238
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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 another like empowered.		
SIGNATURE:  DATE 04/28/03		