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	Mailing Address
819 PARADISE WAY SARASOTA, FL 34242	819 PARADISE WAY SARASOTA, FL 34242

2. Principal Place of Business	3. Mailing Address
4201 PALACIO DR.	4201 PALACIO DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State SARASOTA FL	City & State SARASOTA FL
Zip 34238 Country SAR.	Zip 34238 Country SAR.

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
GRIFFITHS, FREDRICK N. 819 PARADISE WAY SARASOTA, FL 34242	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 _____ 04/25/03.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST GRIFFITHS, FREDERICK N. 819 PARADISE WAY SARASOTA, FL 34231	☑ Delete	PST. GRIFFITHS FREDRICK N 4201 PALACIO DR SARASOTA FL 34238.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ 04/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #