## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # \$39073** Mar 21, 2000 8:00 am **Secretary of State** HERB PHILLIPS YACHT SALES, INC. 03-21-2000 90074 028 \*\*\*150.00 Mailing Address Principal Place of Business 1535 SE 17TH ST 1535 SE 17TH ST SUITE 117 FT LAUDERDALE FL 33316-1737 FT LAUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Busines DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Applied For 4. FEI Number 65-0248849 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent PHILLIPS, HERBERT R 1709 WHITEHALL DR. #406 FT. LAUDERDALE FL 33324 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE BUCHOLTZ, TRUDY NAME STREET ADDRESS STREET ADDRESS 1709 WHITEHALL DR. #4007 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33324-Addition ☐ Delete TITLE TITLE NAME PHILLIPS, HERB R NAME STREET ADDRESS 1535 SE 17TH ST #117 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 12 in changed, or on an attachment with an address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO