2001 UNIFORM	BUSINESS	REPORT	(UBR
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Country Zip Country Zip Country 5, Certificate of Status Desired Status Desired Sea Required Fee	DOCUMENT # \$45052 1. Entity Name HANNA YACHT SERVICE, INC.		INESS REPORT (UBR)			FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	330 MOUNTAIN DOOR 5 DESTIN FL 325	I DR	PO BOX 764 DESTIN FL 32540				E(1 414) B(81 518)	(1 1111 (111 1	
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State Section of State Desired Section	2. Principal Place of Business		3. Mailing Address						
Zip Country Zip Country S. Certificate of Status Desired SAddistonal Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name 7. Name and Address of New Registered Agent 8. Name 8. Stock Acceptable) City FL Zip Code 8. The above named onlife submits this statement for the purpose of changing is registered agent, or both, in the State of Fiorida. SIGNATURE Special Registered Agent 8. Stock	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
S. Certificate of Status Desired \$-0. Name and Address of Current Registered Agent \$-0. Name and Address of New Registered Agent \$-0. Name and Address \$-0. Name and A	City & Stat	e	City & State		4. F	El Number 59-3063187	_ 	plied For t Applicable	_
HANNA, TIMOTHY J. 330 MOUNTAIN DR DESTIN FL 32541 City FL 7 p Code City FL 7 p Cod	· 			Country	5. (Certificate of Status Desired			
HANNA TIMOTHY J. 33 MOUNTAIN DR DESTIN FL 32541 City FL Zip Code SIGNATURE Fundamen lipsed or printed name of registered agent for the purpose of changing its registered diffee or registered agent, or both, in the State of Florida. SIGNATURE Fundamen lipsed or printed name of registered agent are late it is publicule. In the proportion is eligible to salisely its Intengible Affect Payable to Department of State of Florida. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State of Florida. Trust Fund Contribution. Defectors Anno Directors in 11. OFFICERS AND DIRECTORS IN THE NAME STREET ADDRESS CITY-S1-2P DESTIN FL 32541 THE Defectors In THE NAME STREET ADDRESS CITY-S1-2P DESTIN FL 32541 THE Defectors In THE NAME STREET ADDRESS CITY-S1-2P THE THE NAME STREET ADDRESS CITY-S1-2P THE THE THE THE THE THE THE TH		6. Name and Address of Current R	legistered Agent ~		7. ∤	lame and Address of New Registered	Agent	ستين ۾ ا	
DESTIN FL 32541 6. The above named entity submits this statement for the purpose of changing its registared office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Initiang-look Signer (Appen Signature Tooking) (P.CTE Registatered Agent Signature Tooking) (P.CTE Registatered Too					s (P.O. B	ox Number is Not Acceptable)			-
B. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. Signature Signature trade or printed name of registered agent and the ill applicable. PATE Registered Agent alignature required when mendating) DATE									
SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NA		7.2		City		FI	Zip Code)	
11.	9. This corporate filling r	Signature, typed or printed name of registered agent an pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After MAY 1, 200	Registered Agent signature requi	red when re	nstating) DATE 10. Election Campaign Financing	\$5.00	May Be to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS			<u></u>			DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	IN 11	$\frac{1}{2}$
STREET ADDRESS STRE	NAMÉ STREET ADDRESS	PD Hanna, Timothy J. 548 Calhoun Dr		TITLE NAME STREET ADDRESS				☐ Addition	E034 (10/00)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	77.	-10/23/01	-01023	002	CR2
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40 11 1 of the first of the fir	NAME STREET AD LESS		☐ Delete	NAME STREET ADDRESS			Change	Addition	
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 informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	of the corr changed,	on this report of supplemental report is trooration or the receiver or trustee empow or on an attachment with an address, wit	'ue and accurate and that my rered to execute this report as	r signature shall have the	eame le	egal effect as if made under oath; that I a Statutes; and that my name appears	am an officer o in Block 11 or l	or director Block 12 if	

9-90-01 7507373574
Date Daytime Phone #