


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0369916 AV

DOCUMENT # S85083

1. Entity Name
DENISON YACHT SALES, INC.



FILED

03 OCT 13 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
120 E. OAKLAND PARK BLVD.
SUITE 105
FT. LAUDERDALE FL 33334
US

Mailing Address
120 E. OAKLAND PARK BLVD.
SUITE 105
FT. LAUDERDALE FL 33334
US

2. Principal Place of Business
802 NE 20th Ave

3. Mailing Address
802 NE 20th Ave

Suite, Apt. #, etc.



REINSTATEMENT

CHECK HERE IF MAKING CHANGES 63

City & State
Ft Lauderdale, FL

City & State
Ft Lauderdale FL

Zip
33304

Country
US

Zip
33304

Country
US

4. FEI Number **65-0356687**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROGERS, ROMNEY C
1401 E BROWARD BLVD
STE. 300
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name Robert Denison

Street Address (P.O. Box Number is Not Acceptable)
802 NE 20th Ave

City Ft Lauderdale **FL** Zip Code 33304

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 Bob Denison (Bob Denison) DATE 10/10/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>P <input type="checkbox"/> Delete</p> <p>DENISON, CHRISTOPHER 120 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33301</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>ST <input type="checkbox"/> Delete</p> <p>DENISON, ANN 120 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p style="font-size: 1.5em; text-align: center;">200023747732</p> <p style="text-align: center;">10/13/03 01056 012 \$5.00</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Christopher W. Denison, Pres. DATE 10/10/03 (954) 763-3771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)