

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0369816 AV

DOCUMENT # **S85083**

1. Entity Name
DENISON YACHT SALES, INC.



FILED

03 OCT 13 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

☐ CHECK HERE IF MAKING CHANGES **63**

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
Suite, Apt. #, etc.

3. Mailing Address
802 NE 20th Ave
Suite, Apt. #, etc.

City & State
Ft Lauderdale, FL
Zip
33304 Country
US

City & State
Ft Lauderdale FL
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

Robert Denison (Bob Denison)

10/10/03

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DENISON, CHRISTOPHER 120 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33301 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DENISON, ANN 120 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334 | <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 |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 200023747732 10/13/03 01056 012 ***750.75 | <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 |
| 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 another like empowered.

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)