2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **S95369** May 15, 2000 8:00 am 1. Entity Name REX YACHT SALES, INC. Secretary of State 05-15-2000 90201 026 ***150.00 Principal Place of Business Mailing Address 2152 S.E. 17TH STREET 2152 S.E. 17TH STREET FORT LAUDERDALE FL 33316-3104 FORT LAUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0323605 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HRAWG CORP Street Address (P.O. Box Number is Not Acceptable) 2000 GLADES ROAD STE. 400 **BOCA RATON FL 33431** Zip Code City 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. SIGNATURE DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSD** Addition ☐ Delete TITLE Change TITLE CANAVAN, DONALD LEE NAME NAME STREET ADDRESS 2152 S.E. 17TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL Change ☐ Addition ☐ Delete TITLE TITLE CANAVAN, MARGARET NAMÉ NAME STREET ADDRESS STREET ADDRESS 2152 S E 17TH STREET CITY-ST-ZIP CITY-ST-ZIP FT: LAUDERDALE FL ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

IN DONALD LICENNAVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: