

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V 02314

1. Entity Name

BARE YACHT, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1860 NORTHVIEW ROAD

Suite, Apt. #, etc.

3. Mailing Address

1860 NORTHVIEW ROAD

Suite, Apt. #, etc.

City & State

LARGO FL

Zip

33770

Country

US

City & State

LARGO FL

Zip

33770

Country

US

4. FEI Number

39-3097709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

EDWARD J. JAROTZ

Street Address (P.O. Box Number is Not Acceptable)

1860 NORTHVIEW ROAD

City

LARGO

FL

Zip Code

33770

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | D                   |
| NAME           | COOPER, PAUL J.     |
| STREET ADDRESS | 121 WOODLAND COURT  |
| CITY-ST-ZIP    | SAFETY HARBOR FL    |
| TITLE          | DP                  |
| NAME           | JAROTZ, EDWARD J.   |
| STREET ADDRESS | 1860 NORTHVIEW ROAD |
| CITY-ST-ZIP    | LARGO FL 33770      |
| TITLE          | DVT                 |
| NAME           | JAROTZ, CAROLYN J.  |
| STREET ADDRESS | 1860 NORTHVIEW ROAD |
| CITY-ST-ZIP    | LARGO FL 33770      |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
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| CITY-ST-ZIP    |  |

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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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Edward J. Jarotz*

DP EDWARD J. JAROTZ 5/21/2002 727

596-1609

FILED

02 MAY 23 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*150.00 \*\*\*\*150.00

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CR2E034B (12/01)