

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

DOCUMENT # V 72875

1. Entity Name

WAYDE'S BOAT SERVICES, INC.

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90060 002 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

P.O. Box 2402

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2402

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KEY WEST, FL

City & State

KEY WEST, FL

4. FEI Number

65-0363353

Applied For

Not Applicable

Zip

33040

Country

Zip

33040

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL S. MILLS

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

6200 2ND STREET

City

KEY WEST

FL

Zip Code

33040

**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

*Paul S. Mills*

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 NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, WAYDE RR1 Box 6874 Big Pine Key, FL 33042	TITLE NAME STREET ADDRESS 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:

*Wayde Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

305-797-3234

Daytime Phone #