

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90390 049 ***150.00

0667407 AB

DOCUMENT # 856391

1. Entity Name
S 2 YACHTS, INC.



Principal Place of Business
**725 EAST 40TH ST.
HOLLAND MI 49423**

Mailing Address
**725 EAST 40TH ST.
HOLLAND MI 49423**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-2040714**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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	CD SLIKKERS, LEON R.	<input type="checkbox"/> Delete
STREET ADDRESS	A-5228 147TH AVE.	
CITY-ST-ZIP	HOLLAND MI	
TITLE NAME	CEOD SLIKKERS, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	13 CAROSEL LN.	
CITY-ST-ZIP	HOLLAND MI	
TITLE NAME	PD SLIKKERS, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	6553 CREEKWOOD LANE	
CITY-ST-ZIP	HOLLAND MI	
TITLE NAME	STD SLIKKERS, DOLORES	<input type="checkbox"/> Delete
STREET ADDRESS	A-5228 147TH ST.	
CITY-ST-ZIP	HOLLAND MI	
TITLE NAME	PD SLIKKERS, THOMAS B	<input type="checkbox"/> Delete
STREET ADDRESS	6578 PATRIDGE LANE	
CITY-ST-ZIP	HOLLAND MI 49423	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert Slikkers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03
Date

616-392-7163
Daytime Phone #

CR2E034 (10/02)