

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am Secretary of State

01-19-2001 90038 047 ***150.00

DOCUMENT # P00000102462

1. Entity Name RACINE YACHTS, INC.

Principal Place of Business 2787 NE 5TH ST POMPANO BCH FL 33062 Mailing Address 2787 NE 5TH ST POMPANO BCH FL 33062

2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country

4. FEI Number 65-1054806 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent RACINE, CLAUDE 2787 NE 5TH ST POMPANO BCH FL 33062

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.

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) [X]

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 6 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox.

Table with 6 rows and 2 columns for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, Change, and Addition checkboxes.

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...

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-01 Date Daytime Phone #

CR2E034 (10/00)