

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2000 08:00 AM**
Secretary of State**DOCUMENT # 407415**

1. Entity Name

100 FATHOMS OFF FLORIDA, INC.

Principal Place of Business

38210 COOK BROWN RD

PUNTA GORDA

33955

FL

US

Mailing Address

P.O. BOX 51206

FT. MYERS

339941206

US

FL

2. Principal Place of Business

38210 COOK BROWN RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PUNTA GORDA

FL

City & State

4. FEI Number

59-1444218

Applied For

Not Applicable

Zip

33982

Country

US

Zip

Country

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OGLE, JOHN N.

38210 COOK BROWN RD.

PUNTA GORDA

33955

US

FL

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)

04/29/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33982
OGLE, LINDA J	☐ Delete	OGLE, LINDA J	38210 COOK & BROWN RD	PUNTA GORDA	FL	33982
OGLE, LINDA J	☐ Delete	OGLE, LINDA J	38210 COOK & BROWN RD	PUNTA GORDA	FL	33982
OGLE, JOHN N.	☐ Delete	OGLE, JOHN N.	38210 COOK BROWN RD.	PUNTA GORDA	FL	33982
	☐ Delete					
	☐ Delete					
	☐ Delete					

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.