

# 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 US	FL	Mailing Address P.O. BOX 51206 FT. MYERS 339941206 US	FL
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2. Principal Place of Business 38210 COOK BROWN RD Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State PUNTA GORDA FL	City & State
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4. FEI Number <b>59-1444218</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip 33982	Country US	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

OGLE, JOHN N.  
 38210 COOK BROWN RD.  
 PUNTA GORDA  
 33955 US FL

**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 \_\_\_\_\_ DATE **04/29/2000**  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

**11. OFFICERS AND DIRECTORS**

TITLE D	<input type="checkbox"/> Delete
NAME OGLE LINDA J	
STREET ADDRESS 38210 COOK & BROWN RD	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE VST	<input type="checkbox"/> Delete
NAME OGLE LINDA J	
STREET ADDRESS 38210 COOK & BROWN RD	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE PTD	<input type="checkbox"/> Delete
NAME OGLE, JOHN N.	
STREET ADDRESS 38210 COOK BROWN RD.	
CITY-ST-ZIP PUNTA GORDA FL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OGLE LINDA J	
STREET ADDRESS 38210 COOK & BROWN RD	
CITY-ST-ZIP PUNTA GORDA FL 33982	
TITLE VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OGLE LINDA J	
STREET ADDRESS 38210 COOK & BROWN RD	
CITY-ST-ZIP PUNTA GORDA FL 33982	
TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OGLE, JOHN N.	
STREET ADDRESS 38210 COOK BROWN RD.	
CITY-ST-ZIP PUNTA GORDA FL 33982	
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
STREET ADDRESS CITY-ST-ZIP	

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.

SIGNATURE: Linda J. Ogle VSTD: 04/29/2000