

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 19, 2000 8:00 am
Secretary of State

03-24-2000 90114 033 ***150.00

DOCUMENT # 531366

1. Entity Name

CERTIFIED RECREATIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

SPRUCE LANE NORTH
RT. 3, BOX 3927
HAVANA FL 32333-0927

SPRUCE LANE NORTH
RT. 3, BOX 3927
HAVANA FL 32333-9803

2. Principal Place of Business

76 Spruce Lane North

Suite, Apt. #, etc.

3. Mailing Address

76 Spruce Lane North

Suite, Apt. #, etc.

City & State

Havana FL

Zip

32333

Country

Endsden

City & State

Havana FL

Zip

32333

Country

Endsden

4. FEI Number

59-1732107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OPPERT, JAMES W.
SPRUCE LANE NORTH
HAVANA FL 32333-0927

7. Name and Address of New Registered Agent

Name Carolyn B. Oppert
Street Address (P.O. Box Number is Not Acceptable)
76 Spruce Lane North

City Havana

FL

Zip Code
32333

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) ☐

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	PD	<input checked="" type="checkbox"/> Delete
NAME	OPPERT, JAMIE W.	
STREET ADDRESS	SPRUCE LANE NORTH	
CITY-ST-ZIP	HAVANA FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	OPPERT, CAROLYN B.	
STREET ADDRESS	SPRUCE LANE NORTH	
CITY-ST-ZIP	HAVANA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	OPPERT, JIM, JR.	
STREET ADDRESS	SPRUCE LANE NORTH	
CITY-ST-ZIP	HAVANA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn B. Oppert	
STREET ADDRESS	76 Spruce Lane North	
CITY-ST-ZIP	Havana, Florida 32333	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Carolyn B. Oppert **SIGNATURE REQUIRED** Carolyn B. Oppert 3/23/2000 539-0384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)