

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000003486****1. Entity Name**
SECRETS OF THE SEA, INC.**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90034 030 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2555 DOBBS RD
UNIT 11
ST AUGUSTINE FL 32086
US**Mailing Address**
2555 DOBBS ROAD
UNIT 11
ST AUGUSTINE FL 32086
US**2. Principal Place of Business**
*Same as above***3. Mailing Address**
Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **54-1489237** Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****KANE, LORRAINE**
2555 DOBBS RD UNIT 11
ST AUGUSTINE FL 32086**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) ☐**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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **P**
NAME **KANE, LORRAINE** ☐ Delete
STREET ADDRESS **2555 DOBBS RD UNIT 11**
CITY-ST-ZIP **ST AUGUSTINE FL 32086****TITLE** **V**
NAME **KANE, PAUL** ☐ Delete
STREET ADDRESS **2555 DOBBS RD UNIT 11**
CITY-ST-ZIP **ST AUGUSTINE FL 32086****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ 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 changed, or on an attachment with an address, with all of them like empowered.****SIGNATURE:** *Lorraine Kane*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-01 904860051

CR2E034 (10/00)