

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G48551

1. Entity Name

ADVENTURE CONSTRUCTION AND CANVAS, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90073 026 \*\*\*150.00

Principal Place of Business

950 NORTH COLLIER BLVD.  
MARCO ISLAND FL 33937

Mailing Address

KRAMER, ESQ.  
950 N. COLLIER BLVD., STE 201  
MARCO ISLAND FL 34145-2716  
US

2. Principal Place of Business

3. Mailing Address

1811 DOGWOOD DR

1811 DOGWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

Zip

34145

Country

USA

Zip

34145

Country

USA

4. FEI Number

59-2344170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, FREDERICK C. ESQ.  
950 N. COLLIER BLVD., SUITE 201  
MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

Name DEBORAH SKRZYNSKI

Street Address (P.O. Box Number is Not Acceptable)  
1811 DOGWOOD DR.

City MARCO ISLAND FL

Zip Code 34145

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

*Deborah Skrynski*

4/23/00

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	P	<input type="checkbox"/> Delete
NAME	SKRZYNSKI, DEBORAH	
STREET ADDRESS	1811 DOGWOOD	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SKRZYNSKI, DEBORAH	
STREET ADDRESS	1811 DOGWOOD	
CITY-ST-ZIP	MARCO ISLAND 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	<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	
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:

*Deborah Skrynski*

4/23/00

941-394-1718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)