

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90040 003 \*\*\*150.00

DOCUMENT # G48551

1. Entity Name

ADVENTURE CONSTRUCTION AND CANVAS, INC.

Principal Place of Business

1811 DOGWOOD DR  
MARCO ISLAND FL 33837

Mailing Address

1811 DOGWOOD DR  
950 N. COLLIER BLVD., STE 201  
MARCO ISLAND FL 33837  
US

2. Principal Place of Business

1811 DOGWOOD DR

3. Mailing Address

1811 DOGWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARCO ISL FL

City & State

MARCO ISL 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

7. Name and Address of New Registered Agent

SKRZYNSKI, DEBORAH

1811 DOGWOOD DR

MARCO ISLAND FL 33837

34145

Name

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

City

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

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH SKRZYNSKI

Date

Daytime Phone #

3/27/01 941-642-5400  
X5180

CR2E034 (10/00)