

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H82931

1. Entity Name

JET SET SURF SHOPS, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90063 044 ***550.00

Principal Place of Business

% DARRYL S. LEE
 674 BALD EAGLE DR.
 MARCO ISLAND FL 34145-2541
 US

Mailing Address

% DARRYL S. LEE
 674 BALD EAGLE DR.
 MARCO ISLAND FL 34145
 US

2. Principal Place of Business

3. Mailing Address

c/o DAVIDSON & NICK, CPAS
 2400 TAMiami TRAIL N. #303
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES, FLORIDA 34103

4. FEI Number

59-2591403

Applied For

Not Applicable

Zip

Country

Zip

Country

34103

USA

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

LEE, DARRYL S.
 674 BALD EAGLE DR.
 MARCO ISLAND FL 34145

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PDS LEE, DARRYL S. 5780 HARBORAGE DR FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
 DARRYL S. LEE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/00
 Date

941 394 5544
 Daytime Phone #

CR2E034 (5/00)