2000/2001

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H92325

05-23-2001 91176 036 ***150.00
H92325

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 12 PM 12:19

A0071365

1. Entity Name
POSEIDON'S 7 SEAS INC
3850 GALT OCEAN DRIVE APT 309
FT. LAUDERDALE. FLA. 33308

Principal Place of Business / Mailing Address

J. P. CHRISTOPHER
POSEIDON'S 7 SEAS INC APT
3850 GALT OCEAN DR. 309
FT LAUDERDALE, FL. 33308

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE
06-07-00 90444 025 $150.00

4. FEI Number
65-0191873
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KULATZ, CONRAD S, ESQ
633 S.E. 3RD AVE 4R
FT LAUDERDALE, FL 33301

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. JOHN P. CHRISTOPHER 309 3850 GALT OCEAN DR FT. LAUDERDALE FLA 33308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANNA CHRISTOPHER 3850 GALT OCEAN DR 309 FT LAUDERDALE FL 33308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CHRISTOPHER J CHRISTOPHER 3850 GALT OCEAN DR 309 FT LAUDERDALE FL 33308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: John P Christopher June 27/00 (954) 5683918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN P CHRISTOPHER.
John P Christopher April 30/01

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