

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L44180

1. Entity Name

"DEEP 6" SALVORS, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90007 016 \*\*\*150.00

Principal Place of Business

702 FISHERMAN'S WHARF  
 SLIP #15  
 FT MYERS BEACH FL 33931  
 US

Mailing Address

13300-56 S CLEVELAND AVE  
 STE 314  
 FT MYERS FL 33907  
 US

2. Principal Place of Business

3900 Ft. Denaud Rd

Suite, Apt. #, etc.

3. Mailing Address

Box 421

Suite, Apt. #, etc.

City & State

LaBelle, FL

City & State

LaBelle, FL

4. FEI Number

65-0168850

Applied For

Not Applicable

Zip

33935

Country

USA

Zip

33975

Country

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

WILLIAMS, WALTER E. JR  
 13300-56 S. CLEVELAND AVE #314  
 FT. MYERS FL 33907

Name  
 Same

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

3900 Ft. Denaud Rd.

City  
 LaBelle, FL

FL

Zip Code

33935

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 reinstalling)

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	OPT WILLIAMS, WALTER E. JR 702 FISHERMAN'S WHARF SLIP 15 FT MYERS BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WILLIAMS, HELEN M 702 FISHERMAN'S WHARF, SLIP 15 FT MYERS BEACH 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3900 Ft. Denaud Rd. LaBelle, FL, 33935	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3900 Ft. Denaud Rd. LaBelle, FL, 33935	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Walter E. Williams Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-1-00

Date

863 674-1006

Daytime Phone #