

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # L68695**1. Entity Name
SUBMARINE I, INC.

Principal Place of Business

285 BARCELONA ROAD

WEST PALM BEACH

33401

FL

US

Mailing Address

285 BARCELONA ROAD

WEST PALM BEACH

33401

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0206220

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RICHHOFEN RENE VON
285 BARCELONA RD

WEST PALM BEACH

33401

FL

US

7. Name and Address of New Registered Agent

Name

RICHHOFEN RENE

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

285 BARCELONA RD

City
WEST PALM BEACH

FL

Zip Code
33401

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 **RENE VON RICHTHOFEN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/05/2001

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	RICHTHOFEN JANE V	
STREET ADDRESS	285 BARCELONA RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	RICHTHOFEN RENE V	
STREET ADDRESS	285 BARCELONA RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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: **Rene von Richthofen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

01/05/2001

Date

Daytime Phone #

CR2E034 (11/00)