

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001623

1. Entity Name

DEEP SEA OPERATIONS, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:02

Principal Place of Business

733 NORTH CRESCENT DRIVE  
HOLLYWOOD FL 33021

Mailing Address

733 NORTH CRESCENT DRIVE  
HOLLYWOOD FL 33021

2. Principal Place of Business

11920 46th Pl N.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Royal Palm Beach FL

City & State

4. FEI Number

65-0904968

Applied For

Not Applicable

Zip

33411

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME WICKLUND, ROBERT  
STREET ADDRESS 733 NORTH CRESCENT DRIVE  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE MGR  
NAME NEUNZIG, WILLIAM  
STREET ADDRESS 733 NORTH CRESCENT DRIVE  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
900003399329--7  
-09/20/00-01058--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8-14-00

Date

561-753-3535

Daytime Phone #

CR2E083 (5/00)