

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-05-2002 90105 044 ****61.25

DOCUMENT # N99000005002

1. Entity Name

SOUTHERN EXTREME WATER SKI TEAM, INC.

Principal Place of Business

Mailing Address

**1340 EMBASSY LANE
 NAPLES FL 34112**

**1340 EMBASSY LANE
 NAPLES FL 34112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3596722

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**REINERTSEN, DAVID P
 1340 EMBASSY LANE
 NAPLES FL 34112**

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS REINERTSEN, DAVID P
 CITY-ST-ZIP 1340 EMBASSY LANE
 NAPLES FL 34112

TITLE ☒ Delete
 NAME T
 STREET ADDRESS SCHREINER, DEAN E
 CITY-ST-ZIP 12856 HOSNEYSUCKLE ROAD
 FT. MYERS FL 33912

TITLE ☒ Delete
 NAME VD
 STREET ADDRESS CARYLE, CYNTHIA LYNN
 CITY-ST-ZIP 3140 66TH STREET S.W.
 NAPLES FL 34105

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS MAPES, APRIL
 CITY-ST-ZIP 4237 29TH PLACE S.W.
 NAPLES FL 34120

TITLE ☐ Delete
 NAME DT
 STREET ADDRESS GUTTERI, JOSEPH
 CITY-ST-ZIP 5242 S.W. 20TH PLACE
 CAPE CORAL FL 33914

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition
 NAME Donna Pankow
 STREET ADDRESS 1215 LaFauve Way
 CITY-ST-ZIP Ft Myers FL 33919

TITLE ☐ Change ☒ Addition
 NAME Kent Carlisle
 STREET ADDRESS 3140 66th St SW VP
 CITY-ST-ZIP Naples FL 34105

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Reinertsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Reinertsen

2/22/02

Date

Daytime Phone #

CR2E037 (9/01)