

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90051 022 \*\*\*150.00

**DOCUMENT # P00000019503**

1. Entity Name

**OFFSHORE ADVENTURES, INC.**

Principal Place of Business

**884 NW 6TH TERRACE  
BOCA RATON FL 33486**

Mailing Address

**884 NW 6TH TERRACE  
BOCA RATON FL 33486**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**05-0990260**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****OLIVER, JAMES C  
884 NW 6TH TERRACE  
BOCA RATON FL 33486****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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>OLIVER, JAMES C</b>	<b>884 NW 6TH TERRACE</b>	<b>BOCA RATON FL 33486</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>President</b>				
	<b>V P</b>				
	<b>Kari S. Oliver</b>	<b>884 N.W 6th terrace</b>	<b>BOCA RATON FL 33486</b>		
	<b>Secretary/Treasurer</b>				
	<b>PATRICIA C. OLIVER</b>	<b>6320 BOCA DEL MAR DR #104</b>	<b>BOCA RATON FL 33433</b>		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JAMES C. OLIVER** **4-5-01** **(561)392-2558**

CR2E034 (10/00)