

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90132 018 ***150.00

DOCUMENT # P00000036482

1. Entity Name
SEAFARER'S 2000, INC.



Principal Place of Business
**POST OFFICE BOX 216
FORT MYERS BEACH FL 33931**

Mailing Address
**POST OFFICE BOX 216
FORT MYERS BEACH FL 33931**



2. Principal Place of Business

1113 Estero Blvd

3. Mailing Address

1113 Estero Blvd.

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

#5

City & State

Ft Myers Bch FL

City & State

Ft. Myers Bch FL

Zip

Country

USA

Zip

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1001295**

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

**LEIGH, DAVID E
5150 TAMiami TRAIL NORTH
SUITE 501
NAPLES FL 34103**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WIEBE, JOERG**
STREET ADDRESS **POST OFFICE BOX 216 N/A**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE ☐ Change ☐ Addition
NAME **Joerg Wiebe**
STREET ADDRESS **400 Dennek Rd. # 503**
CITY-ST-ZIP **Ft. Myers Bch FL 33931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-03 2394139919

CR2E034 (10/02)