

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90007 023 ***150.00

DOCUMENT # P00000068057

1. Entity Name
NATIVE BOAT TOURS, INC.

Principal Place of Business
BLUE LAGOON MOTEL
3101 N. ROOSEVELT BLVD.
KEY WEST FL 33040

Mailing Address
3322 RIVIERA DRIVE
KEY WEST FL 33040

0 0 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3322 Riviera Drive
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Key West FL

City & State

4. FEI Number **65-1027357**

Applied For
 Not Applicable

Zip
33040

Country
Monroe

Zip **Country**

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

GARTENMAYER, EDWARD
3322 RIVIERA DRIVE
KEY WEST FL 33040

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVD** ☐ **Delete**
NAME **GARTENMAYER, EDWARD D**
STREET ADDRESS **3322 RIVIERA DRIVE**
CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE **STD** ☐ **Delete**
NAME **GARTENMAYER, COLLEEN L**
STREET ADDRESS **3322 RIVIERA DRIVE**
CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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: Colleen Gartenmayer **Colleen Gartenmayer 04-19-02 305-292-1562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)