

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90084 010 \*\*\*150.00

**DOCUMENT # P01000066357**

1. Entity Name

**SALTWATER ADVENTURES CORPORATION**

Principal Place of Business

**6422 53RD CIRCLE  
 VERO BEACH FL 32967**

Mailing Address

**6422 53RD CIRCLE  
 VERO BEACH FL 32967**

2. Principal Place of Business

**100 INDUSTRIAL CIRCLE B**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 537**

Suite, Apt. #, etc.

City & State

**Sebastian FL**

Zip

**32958**

Country

City & State

**Keselano FL**

Zip

**32957**

Country

4. FEI Number

**04-3598771**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ROUX, GARY**

**6422 53RD CIRCLE**

**VERO BEACH FL 32967**

7. Name and Address of New Registered Agent

Name

**Roux, Gary**

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

**100 INDUSTRIAL CIRCLE B**

City

**Sebastian**

FL

Zip Code

**32958**

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

**Sept 13, 02**

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **D**  
 NAME **ROUX, GARY**  
 STREET ADDRESS **6422 53RD CIRCLE**  
 CITY-ST-ZIP **VERO BEACH FL 32967**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change ☐ Addition

**100 INDUSTRIAL CIRCLE  
 SEBASTIAN FL 32958**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

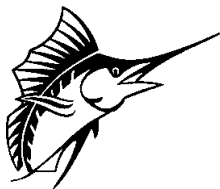
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



## Saltwater Adventures

Charters • Instruction • Consultation

P.O. Box 537 • Roseland, FL 32957  
Phone 772-581-9080 • Natl. Toll Free 888-843-2739

*Attachment  
#P010000623*

**September 13, 2002**

**Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500**

**To whom it concerns;**

**Enclosed is my check for \$150.00 as directed by your office. I do not recall receiving a prior notice. Please call me directly if this does not resolve the issue. My cell phone number is 561-633-2420.**

**Very truly yours,**

**Gary Roux  
President**