

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-09-2002 90020 026 ***550.00

DOCUMENT # P01000080992

1. Entity Name
FOUR BUOYS, INC.

Principal Place of Business

**710 SE 2 TERR
POMPANO FL 33060**

Mailing Address

**710 SE 2 TERR
POMPANO FL 33060**

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

651144368

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

**LANEVE, JOHN A JR
710 SE 2 TERR
POMPANO FL 33060**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LANEVE, JOHN A JR**
STREET ADDRESS **710 SE 2 TERR**
CITY-ST-ZIP **POMPANO FL 33060**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

09/06/02 (954) 478-7943
Date Daytime Phone #

CR2E034 (4/02)

Attachment
Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P01000080992**Tracking Number: **900007551339**The charge for your UBR is
\$550.00If
dataIf
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To Whom it may concern,

We tried to process
on-line. But could not access
the payment screen.This is the receipt it
printed for us.Please call 954-786-2083
with any questions.

Thank You.

browser back button to return to page 1 of the
come back to this page.to the Document Number/Pin Number page
assigned.

help desk at (850) 245-6939.

CONTINUE button below.

R will be placed in processing and no additional
this one is processed.

Continue

Attempted
9/5/02
Did not go thru
would not allow
me to process
payment.
651144368
Sunbiz Home Page

Public Access Help