

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000021477**

1. Entity Name

FLORIDA SEA LIFE, INC.**FILED****Jan 18, 2001 8:00 am
Secretary of State**

01-18-2001 90006 002 ***150.00

049173

Principal Place of Business
**621 23RD STREET GULF
MARATHON FL 33050**

Mailing Address
**5800 OVERSEAS HWY
SUITE 35-40
MARATHON FL 33050
US**

2. Principal Place of Business
580 10th ST.

Suite, Apt. #, etc.

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

City & State
KEY COLONY BEACH, FL.

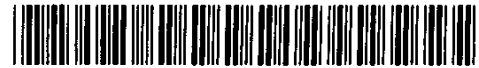
Zip
33050

Country
USA

City & State
City & State

Zip
Zip

Country
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0405568**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**FRANKLIN D. GREENMAN, P.A.
5800 OVERSEAS HWY
SUITE 40
MARATHON FL 33050**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS WARREN, WOHLERS 580 10TH ST KEY COLONY BEACH FL 33051 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **WARREN W. WOHLERS**
Warren W. Wohlers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01 305-743-3991
Date Daytime Phone #

CR2E034 (10/00)