

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90142 027 ***150.00

DOCUMENT # P93000051786

1. Entity Name

SURFLEX, INC.

Principal Place of Business

Mailing Address

853 VANDERBILT BEACH ROAD
265
NAPLES FL 33942
US

853 VANDERBILT BEACH ROAD
265
NAPLES FL 34108-8746
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BOOLE, ALAN
8470 LAGOON AVE
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name
Gerald Bryerton
Street Address (P.O. Box Number is Not Acceptable)
27111 Williams Rd

City
Bonita Spring FL Zip Code
34135

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, 2000 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

TITLE **P** ☒ Delete
NAME **BOOLE, ALAN**
STREET ADDRESS **470 LAGOON AVENUE**
CITY-ST-ZIP **NAPLES FL**

TITLE **P** ☐ Delete
NAME **BRYERTON, GERALD**
STREET ADDRESS **27151 PINE AVE 27111 Williams Rd**
CITY-ST-ZIP **BONITA SPGS FL 34135**

TITLE **VICE PRES** ☐ Delete
NAME **Alan. Boole**
STREET ADDRESS **470 Lagoon Ave**
CITY-ST-ZIP **NAPLES FL 33940**

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NAME **Alan. Boole**
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TITLE **VICE PRES** ☐ Delete
NAME **Alan. Boole**
STREET ADDRESS **470 Lagoon Ave**
CITY-ST-ZIP **NAPLES FL 33940**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRES** ☒ Change ☐ Addition
NAME **Alan. Boole**
STREET ADDRESS **470 Lagoon Ave**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE **VICE PRES** ☐ Change ☐ Addition
NAME **Alan. Boole**
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NAME **Alan. Boole**
STREET ADDRESS **470 Lagoon Ave**
CITY-ST-ZIP **NAPLES FL 33940**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

941-273-4666