

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053963

1. Entity Name

THE SIRADOS COMPANY

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90188 008 ***150.00

Principal Place of Business

Mailing Address

SEA ISLE RESORT
915 WINDSOR LANE
KEY WEST, FL 33040

SEA ISLE RESORT
915 WINDSOR LANE
KEY WEST, FL 33040

2. Principal Place of Business

3. Mailing Address

Sea Isle Resort

Sea Isle Resort

Suite, Apt. #, etc.

Suite, Apt. #, etc.

915 Windsor Lane

915 Windsor Lane

City & State

City & State

Key West, FL

Key West, FL

Zip

Country

Zip

Country

33040

USA

33040

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0506606

Applied For

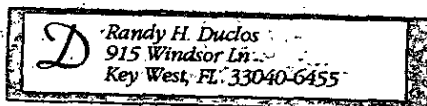
Not Applicable

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



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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DUCLOS, RANDY
915 Windsor Lane
Key West, FL 33040

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
DUP
Duclos, James M.
915 Windsor Lane
Key West, FL 33040

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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: James M. Duclos DUP & Secretary 4/21/00 305-294-5188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)