

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000829

1. Entity Name

WRECK DIVER VENTURES OF KEY LARGO, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90002 042 \*\*\*150.00

Principal Place of Business

Mailing Address

303 BUTTONWOOD CIR  
KEY LARGO FL 33037  
US

P.O. BOX 401  
KEY LARGO FL 33037-0401  
US

2. Principal Place of Business

3. Mailing Address

13 Coral Drive  
Suite, Apt. #, etc.

13 Coral Dr.  
Suite, Apt. #, etc.

City & State  
Key Largo FL

City & State  
Key Largo FL

4. FEI Number 65-0545052

Applied For  
Not Applicable

Zip  
33037

Country  
U.S.A.

Zip  
33037

Country  
U.S.A.

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

WINGATE, JEFFERY A  
303 BUTTONWOOD CIR  
KEY LARGO FL 33037

Name Wingate, Jeffery A.  
Street Address (P.O. Box Number is Not Acceptable)  
13 Coral Drive  
City Key Largo FL Zip Code 33037

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 of officer or 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 P  
NAME WINGATE, JEFFERY A  
STREET ADDRESS ~~303 BUTTONWOOD CIR~~  
CITY-ST-ZIP KEY LARGO FL 33037

TITLE  
NAME Wingate Jeffery A  
STREET ADDRESS 13 Coral Drive  
CITY-ST-ZIP Key Largo FL 33037

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E034 (9/99)