

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025993

1. Entity Name

ACTION MARINE OF THE FLORIDA KEYS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90038 024 ***150.00

Principal Place of Business

76381 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

Mailing Address

76381 OVERSEAS HIGHWAY
ISLAMORADA FL 33036-3938

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0579747**

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

BOLESKY, TRACY H
501 GOODLETTE ROAD
SUITE B-106
NAPLES FL 33940

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	D	<input type="checkbox"/> Delete
NAME	KENTZEL, ROBERT A JR.	
STREET ADDRESS	76381 OVERSEAS HIGHWAY	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENTZEL, BRENDA BUTLER	
STREET ADDRESS	76381 OVERSEAS HIGHWAY	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CK# 1904

4/18/2000

Date

305 864-0544

Daytime Phone #

CR2E034 (9/99)