

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030206

1. Entity Name

ENDLESS OCEANS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90009 044 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 350503
FT LAUDERDALE FL 33335
US

P.O. BOX 350503
FT LAUDERDALE FL 33335-0503
US

2. Principal Place of Business

3. Mailing Address

614 SW 9th ST

P.O. 350503

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUD FL

City & State

FT LAUD FLA

Zip

33315

Country

USA

Zip

33335

Country

USA

4. FEI Number

65-0573990

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

O'CONNOR, MAURICE W
2642 SW 23RD TERR.
SUITE 201
FT. LAUDERDALE FL 33312

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 D
STREET ADDRESS O'CONNOR, MAURICE W
CITY-ST-ZIP 2642 SW 23RD TERR., #201
FT. LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DIRECTOR
STREET ADDRESS ADRIAN KITTNER
CITY-ST-ZIP 11415 WHISPER SOUND DRIVE
BOCA RATON, FL 33428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

CR2E034 (9/99)