

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060303

1. Entity Name

INNER ACTIVE OPTIONS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90016 019 ***150.00

Principal Place of Business

10340 N.W. 43RD STREET
CORAL SPRINGS FL 33065-6412
US

Mailing Address

88005 OVERSEAS HWY 10180
ISLAMORDA FL 33036-3067
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0601229

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WATKINS, RICHARD A
10340 N.W. 43RD STREET
CORAL SPRINGS FL 33065-6412

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GARRETT, DAVID A
10340 N.W. 43RD STREET
CORAL SPRINGS FL 33065-6412 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
88005 OVERSEAS HWY #10180
ISLAMORADA FL 33036 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GARRETT, DEBRA L
10340 N.W. 43RD STREET
CORAL SPRINGS FL 33065-6412 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
88005 OVERSEAS HWY #10180
ISLAMORADA FL 33036 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)