

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060779

1. Entity Name

JOURNEYS BY SEA INC.

Principal Place of Business

Mailing Address

~~1402 LAS OLAS BLVD.~~  
~~SUITE 122~~  
~~FT. LAUDERDALE FL 33301~~

~~1402 LAS OLAS BLVD.~~  
~~SUITE 122~~  
~~FT. LAUDERDALE FL 33301-2336~~

2. Principal Place of Business

1130 NE 14 Avenue

Suite, Apt. #, etc.

3. Mailing Address

PO Box 7500

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

33304

Country

USA

City & State

Fort Lauderdale FL

Zip

33338

Country

USA

4. FEI Number

77-0180835

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

Tony L Benado

Street Address (P.O. Box Number is Not Acceptable)

1130 NE 14 Ave

City

Fort Lauderdale FL

Zip

33304

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

Tony L Benado

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/00

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	BENADO, TONY L	
STREET ADDRESS	% 1402 LAS OLAS BLVD. SUITE 122	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

Tony L Benado (Tony L. Benado)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

954.522.5865

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90053 017 \*\*\*150.00