

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91844 009 ***150.00



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P95000067972

1. Entity Name
COCONUTS FLORIDA WATERSPORTS, INC.

Principal Place of Business
**4240 GALT OCEAN DR.
FT. LAUDERDALE FL 33308**

Mailing Address
**1257 SW 149 LANE
SUNRISE FL 33326
US**

2. Principal Place of Business
1257 SW 149 LN
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Sunrise, FL

City & State

4. FEI Number **65-0603827**

Applied For
Not Applicable

Zip **33326** Country **U.S.**

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

**BLODIG, GREGORY J
100 WEST CYPRESS CREEK RD.
SUITE 700
FT. LAUDERDALE FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FRITZPATRICK, W. SCOTT 1257 SW 149 ST. SUNRISE FL 33326	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Scott Fritzpatrick* **W. SCOTT FRITZPATRICK, Pres.** **4/28/03** **954-476-0676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)