

2000 UNIFORM BUSINESS REPORT (UBR)

4/7.

FILED
May 30, 2000 8:00 am
Secretary of State

04-07-2000 90079 034 ***150.00

DOCUMENT # P96000023560

1. Entity Name

WATERSPORTS CENTER, INC.

Principal Place of Business

Mailing Address

C. BOX 4034
 WEST FL 33041

P.O. BOX 4034
 KEY WEST FL 33041-4034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

607 FRONT ST
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Key West
 City & State

City & State

FL 33040

Zip

Country

Zip

Country

4. FEI Number

65-0653687

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

FIELDS, DAVID K
 9360 SUNSET DRIVE
 SUITE 287
 MIAMI FL 33172

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

SIGN & DATE

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 1st
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------|-------------------|--|---------------------------------|----------|
| | PD | WATERBURY, JOHN G | P.O. BOX 4034 N/A KEY WEST FL 33041 | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |

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)