

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042548

1. Entity Name

MYAKKA BIG WATERS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90068 048 ***150.00

Principal Place of Business

121 PLAMORE DRIVE
 NORT PORT FL 34295

Mailing Address

P O BOX 38
 OSPREY FL 34229-0038
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

4. FEI Number

65-0670825

Applied For

Not Applicable

Zip

34295

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

~~MCGINNESS, W L
 1800 SECOND STREET STE 750
 SARASOTA FL 34236~~

Name

Joan Stegenga

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

336 Bay Vista Ave

City

Osprey

FL

Zip Code

34229

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

Joan Stegenga *President Sec/Treas. 4/25/00*

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	P	☐ Delete
NAME	STEGENGA, MICHAEL	
STREET ADDRESS	336 BAY VISTA AVE	
CITY-ST-ZIP	OSPREY FL	
TITLE	VPST	☐ Delete
NAME	STEGENGA, JOAN	
STREET ADDRESS	336 BAY VISTA AVE	
CITY-ST-ZIP	OSPREY FL	
TITLE	VP	☒ Delete
NAME	STEGENGA, MICHAEL	
STREET ADDRESS	336 BAY VISTA AVE	
CITY-ST-ZIP	OSPREY FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joan Stegenga *Joan Stegenga 4/25/00* *941-966-2636*

CR2E034 (9/99)