

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000049806**

1. Entity Name

NEMO WATERSPORTS INC

Principal Place of Business

Mailing Address

**8730 KENMURE COVE
ORLANDO FL 32836**

(SAME)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEIL SIDLOW
8730 KENMURE COVE
ORLANDO FL 32836**

Name

HELEN YOUNG GIANCROSSO

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

5033 DELVIN CT

City

ORLANDO

FL

Zip Code

32821

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 **NEIL SIDLOW**

VICE PRESIDENT

4.6.00

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 **VICE PRESIDENT.** ☐ Delete
NAME **NEIL SIDLOW**
STREET ADDRESS **8730 KENMURE COVE**
CITY-ST-ZIP **ORLANDO FL 32836.**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **JOSEPH V. GIANCROSSO**
STREET ADDRESS **5033 DELVIN CT**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY TREASURER** ☐ Change ☒ Addition
NAME **HELEN YOUNG GIANCROSSO**
STREET ADDRESS **5033 DELVIN CT**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

NEIL SIDLOW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.6.00

Date

407 909 9098

Daytime Phone #

CR2E034 (9/99)