

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055419

1. Entity Name

SPLASHDOWN ADVENTURES, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90853 016 ***150.00

Principal Place of Business

Mailing Address

4 ADAMS COURT
SATALLITE BEACH FL 32937

4 ADAMS COURT
SATALLITE BEACH FL 32937-2120

2. Principal Place of Business

108 SE First St

3. Mailing Address

108 SE First St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Satellite Beach, FL

City & State

Satellite Beach FL

Zip

32937

Country

USA

Zip

32937

Country

USA

4. FEI Number

59-3386927

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

PALMER, TROY S
4 ADAMS COURT
SATALLITE BEACH FL 32937

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

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 PD
NAME PALMER, TROY S
STREET ADDRESS 4 ADAMS COURT
CITY-ST-ZIP SATALLITE BEACH FL 32937 ☐ Delete

TITLE PD
NAME Palmer, Troy S
STREET ADDRESS 108 SE First St
CITY-ST-ZIP Satellite Beach, FL 32937 ☒ Change ☐ Addition

TITLE S
NAME FOX, LISA C
STREET ADDRESS 4 ADAMS COURT
CITY-ST-ZIP SATALLITE BEACH FL 32937 ☐ Delete

TITLE S
NAME Palmer, Lisa C
STREET ADDRESS 108 SE First St
CITY-ST-ZIP Satellite Beach, FL 32937 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

321-779-3987

Daytime Phone #

CR2EC34 (9/99)