

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000055419**

1. Entity Name

SPLASHDOWN ADVENTURES, INC.

FILED

02 JUN 17 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**108 SE 1ST ST.
SATALLITE BEACH FL 32937**

Mailing Address

**108 SE 1ST ST.
SATALLITE BEACH FL 32937**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**PALMER, TROY S
108 SE 1ST ST.
SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, TROY S 108 SE 1ST ST. SATALLITE BEACH FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOX, LISA C 108 SE 1ST ST. SATALLITE BEACH FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300006036773--4 -06/26/02--01024--013 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-6-02

CR2E034 (9/01)

Splashdown Adventures, Inc.
108 SE 1st St. Satellite Beach, FL 32937

June 8, 2002

Florida Department of State
Division of Corporations -
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am requesting that the penalty for filing our state corporate tax return after the due date be waived. My wife and I run our own small business and failed to file by the deadline. I apologize for this oversight, and we will not let it happen again. It would be an extreme hardship to try to pay the \$400.00 penalty, as we have already had a very difficult year financially. I have enclosed a copy of the required report and tax payment of \$150.00. Thank you in advance for your assistance and understanding.

Respectfully,



Troy S. Palmer
President

COPY