

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90021 025 \*\*\*150.00

DOCUMENT # P96000100055

1. Entity Name

Sub-Aquatic Adventures, Inc.

Principal Place of Business

Mailing Address

5110 Overseas Hwy  
Key West, FL 33040

2. Principal Place of Business

5110 Overseas Hwy

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6462

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

City & State

Key West, FL

Zip

33040

Country

4. FEI Number

650712783

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Schaeffer, Jodi Beth  
727 Catherine St.  
Key West FL 33040

7. Name and Address of New Registered Agent

Name

William B. Chalfant

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

5110 Overseas Hwy

City

Key West

FL

Zip Code

33040

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

William B. Chalfant

30 Apr 99

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Jodi Beth Schaeffer  
P.O. Box 7338  
Key West FL 33045

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary/Treas  
William B. Chalfant  
P.O. Box 6462  
Key West, FL 33040

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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 all other like empowered.

SIGNATURE:

William B. Chalfant

5-15-00

305-745-3983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)