

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/16/00-90083-028-\$150.00-\$150.00

**DOCUMENT # P97000018252**

1. Entity Name

**CANNIBAL SURF COMPANY**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 19 AM 6:42

Principal Place of Business

Mailing Address

2280 AVOCADO AVE #4  
MELBOURNE FL 32935

2280 AVOCADO AVE #4  
MELBOURNE FL 32935-5530

2. Principal Place of Business

3. Mailing Address

2850 ALLEN HILL AVE

2850 ALLEN HILL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT F

UNIT F

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

32940

Country

USA

Zip

32940

Country

USA

4. FEI Number

59-3440854

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINAN, ANDREW J IV  
2280 AVOCADO AVE #4  
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name: **FINAN ANDREW J IV**  
Street Address (P.O. Box Number is Not Acceptable): **201 FRED DICK ST**  
City: **INDIAN HARBOUR BCH FL** Zip Code: **32937**

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 of person or firm name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when necessary)

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 \$650.00**  
**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	<input type="checkbox"/> Delete
	FINAN, ANDREW J IV	120 BOSKIND ROAD	INDIAN LANTIC FL 32903	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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)*

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/99)