2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P97000032933 1. Entity Name				FILED Jul 13, 2000 8:00 am				
DR. HOOK CHARTERS, INC.				Secretary of State				
Principal Place of Business Mailing Address				7	07 15 2000 50015 0	,01 150	.00	
BAHIA MAR YACHTING CENTER 21 CASTLE HARBOR ISLE 801 SEABREEZE BLVD. APT.A-121 FT LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308					18711 (24 1) 88111 88111 2 8121 2818	4114 6 11 616 2 8146 11	2100 ille 1884	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	•	
City & State		City & State		4. FEI Number	65-0743543		plied For t Applicable	
Zip	Country	Zip C	ountry	5. Certificate of S	Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current F	legistered Agent		7. Name and Ad	dress of New Registered	Agent		
₽ ∩¢	SSHARDT, KURT E		Name	Name				
1600 SE 17TH ST., STE. 404 FT. LAUDERDALE FL 33316			Street Address	(P.O. Box Number is	Not Acceptable)			
			City	·	FL	Zip Code	,	
				h.		-		
8. The above	named entity submits this statement for	the purpose of changing its regis	stered office or registe	ered agent, or both, in	the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Regis	stered Agent signature require	od 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!! After SEPTEMBER 13 Make Check Payabl				50.00 Trust F	n Campaign Financing and Contribution.		May Be to Fees	
11.	OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CH	ANGES TO OFFICERS AN	D DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, DONALD R 21 Castle Harbor Isle Ft. Lauderdale Fl 33308		TITLE NAME STREET ADDRESS CTTY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLESI, FRANK J 21 CASTLE HARBOR ISLE FT. LAUDERDALE FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME	*****	- 1 200 - 1	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	ertify that the information supplied with on this report or supplemental report is poration or the receiver of trustee emporor on an attachment with an address, w	rue and accurate and that my sig	nature shall have the	same legal effect as	if made under oath; that I	am an officer	or director	

7/7/00

To whom it concerns,

This is the second time in 3 years that

I did not recieve my first notice to

file my annual report, otherwise I capild have

sent a check out immediately. I just recieved

the second notice a day ago. I do not

think I should have to pay the extre 1400

dollars, due to never recieving my first

notice. If any questions or problems

please call me at (954) 648-9288.

apt DR. Cook