

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90992 036 ***150.00

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DOCUMENT # P97000036677

1. Entity Name
REV. SHARK ENTERPRISES, INC.



Principal Place of Business
**P O BOX 1177
ANN MARIA FL 34216**

Mailing Address
**P O BOX 1177
ANN MARIA FL 34216**

11022615



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0762879**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DEPORRE, JEANETTE G
206 OAK AVE
ANNA MARIA FL 34216**

Name **JAMES L. DEPORRE**
Street Address (P.O. Box Number is Not Acceptable)
801 North Shore
PO Box 1177
City **ANNA MARIA** FL **34216**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and the fee, if applicable.

Signature, typed or printed name of registered agent and the fee, if applicable.

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **DEPORRE, JEANETTE G**
STREET ADDRESS **P.O. BOX 1177, 206 OAK**
CITY-ST-ZIP **ANNA MARIA FL 34216**

TITLE **P** ☐ Change ☐ Addition
NAME **JAMES L. DEPORRE**
STREET ADDRESS **PO Box 1177, 801 North Shore**
CITY-ST-ZIP **ANNA MARIA FL 34216**

TITLE **VP** ☐ Delete
NAME **DEPORRE, JAMES L**
STREET ADDRESS **P.O. BOX 1177, 206 OAK 801 North Shore**
CITY-ST-ZIP **ANNA MARIA FL 34216**

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

TITLE **ST** ☐ Delete
NAME **DEPORRE, JEANETTE G**
STREET ADDRESS **P.O. BOX 1177, 206 OAK 801 North Shore**
CITY-ST-ZIP **ANNA MARIA FL 34216**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 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

4/26/03

941-778-7795

CR2E034 (10/02)