

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039014

1. Entity Name

SUNTIME BOAT RENTALS, INC.

Principal Place of Business

390-H PINELLAS BAYWAY
TIERRAVERDE FL 33715

Mailing Address

390-H PINELLAS BAYWAY
TIERRAVERDE FL 33715-1618

2. Principal Place of Business

100 PINELLAS BAYWAY

3. Mailing Address

4940 5TH AVE S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TIERRA VERDE, FL

City & State

ST. PETERSBURG, FL

Zip

33715

Country

Zip

33715

Country

4. FEI Number

59-3450546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASSIDY, THOMAS K
390-H PINELLAS BAYWAY
TIERRAVERDE FL 33715

7. Name and Address of New Registered Agent

Name CASSIDY, THOMAS

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

4940 5TH AVE S. South
ST. PETERSBURG FL

City

FL

Zip Code 33715

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

Thomas K Cassidy

1-14-00

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

TITLE P ☐ Delete
NAME CASSIDY, THOMAS K
STREET ADDRESS 390-H PINELLAS BAYWAY
CITY-ST-ZIP TIERRAVERDE FL 33715

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CASSIDY, THOMAS ☐ Change ☐ Addition
NAME
STREET ADDRESS 4940 5TH AVE S.
CITY-ST-ZIP ST. PETERSBURG, FL 33715

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

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

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NAME
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:

Thomas K Cassidy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90069 040 ***150.00

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DO NOT WRITE IN THIS SPACE