

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90131 009 \*\*\*150.00

**DOCUMENT # P97000083091**

1. Entity Name  
**SEAFARER'S 1997, INC.**



Principal Place of Business  
**236 VIRGINIA AVENUE  
FORT MYERS BEACH FL 33931**

Mailing Address  
**PO BOX 216  
FORT MYERS BEACH FL 33931**



2. Principal Place of Business

**1113 Estero Blvd #5**

3. Mailing Address

**1113 Estero Blvd #5**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Ft. Myers Bch, FL**

City & State  
**Ft. Myers Bch FL**

4. FEI Number **59-3470043**

Applied For  
Not Applicable

Zip Country  
**33931 U.S.A.**

Zip Country  
**33931 U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WIEBE, JOERG  
236 VIRGINIA AVENUE  
FORT MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent

Name **Joerg Wiebe**  
Street Address (P.O. Box Number is Not Acceptable) **400 Lennet Rd. #503**  
City **Ft. Myers Bch FL** Zip Code **33931**

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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **1-22-03**

**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

TITLE **D** ☐ Delete  
NAME **WIEBE, JOERG**  
STREET ADDRESS **2272 AIRPORT ROAD SOUTH STE 203**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **Joerg Wiebe**  
STREET ADDRESS **400 Lennet Rd. #503**  
CITY-ST-ZIP **Ft. Myers Bch. FL. 33931**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-22-03** Daytime Phone # **2394639919**

CR2E034 (10/02)