

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103245

1. Entity Name

PIRATE WATERWORLD, .INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90024 032 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

819 Peacock Plaza

Suite, Apt. #, etc.

P.M.B. 581

City & State

Key West, FL 33041

Zip

Country

33040

3. Mailing Address

819 Peacock Plaza

Suite, Apt. #, etc.

P.M.B. 581

City & State

Key West, FL

Zip

Country

33040

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0799947

Applied For

Not Applicable

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

Name

Anthony J. Catalfomo

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

C/O Catalfomo & Farrelly

506 Louisa Street

City

Key West

FL

Zip Code

33040

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

Anthony Catalfomo

Anthony J. Catalfomo

April 28, 2000

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, S, T, D

☐ Delete

NAME

Savage, Thomas

STREET ADDRESS

819 Peacock Plaza, #581

CITY-ST-ZIP

Key West, FL 33040

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Thomas J. Savage

4/27/00

Date

305 304 2450

Daytime Phone #

CR2E034 (9/99)