

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009102

1. Entity Name

NXTC SURFBOARDS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90117 012 ***150.00

Principal Place of Business

507 KEY ROYALE DRIVE
HOLMES BEACH FL 34217

Mailing Address

507 KEY ROYALE DRIVE
HOLMES BEACH FL 34217-1227

2. Principal Place of Business

3. Mailing Address

6504 Marina Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt A

City & State

City & State

Holmes Beach, FL

Zip

Country

Zip

34217

Country

USA

4. FEI Number

65-0811997

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

DANIELS, TOMMY
507 KEY ROYALE DRIVE
HOLMES BEACH FL 34217

Name
Daniels, Tommy

Street Address (P.O. Box Number is Not Acceptable)
6504 A Marina Dr.

City Holmes Beach

FL

Zip Code
34217

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

Tommy Daniels, President

3-7-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DANIELS, TOMMY
507 KEY ROYALE DRIVE
HOLMES BEACH FL 34217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
6504 A Marina Drive
Holmes Beach, FL 34217 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Daniels, Elizabeth
6504 A Marina Dr
Holmes Beach, FL 34217 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Tommy Daniels, Pres.

3-7-00

Daytime Phone #

CR2E034 (9/99)