

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 98000025023**

1. Entity Name  
**SEA DUCTRESS CHARTER, INC**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90126 037 \*\*\*150.00

Principal Place of Business  
**8 CENTER LANE**  
**KEY LARGO, FL 33037**

Mailing Address  
**8 CENTER LANE**  
**KEY LARGO, FL 33037**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0879328**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**Jensen, Robert C**  
**5979 NW 151 STREET STE 208**  
**MIAMI LAKES, FL 33014**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 **Robert C Jensen** DATE **4/11/00**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>PDT</b>	NAME <b>CHAMBERS, CHRISTOPHER M</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>8 CENTER LANE</b>		
CITY-ST-ZIP <b>KEY LARGO, FL 33037</b>		
TITLE <b>SD</b>	NAME <b>CHAMBERS, LINDA</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>8 CENTER LANE</b>		
CITY-ST-ZIP <b>KEY LARGO FL 33037</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Chris Chambers** DATE **4/11/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)