

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042749

1. Entity Name

ULTRALIGHT ADVENTURES OF SOUTH FLORIDA, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90058 041 ***158.75

Principal Place of Business

Mailing Address

8596 S.W. PERRY LANE
STUART, FL 34997

8596 S.W. PERRY LANE
STUART, FL 34997

2. Principal Place of Business

8596 S.W. PERRY LANE

Suite, Apt. #, etc.

3. Mailing Address

8596 S.W. PERRY LANE

Suite, Apt. #, etc.

80037460

DO NOT WRITE IN THIS SPACE

City & State
STUART, FLORIDA

City & State
STUART, FLORIDA

4. FEI Number
65-0837121

Applied For
Not Applicable

Zip Country
34997 U.S.A.

Zip Country
34997 U.S.A.

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

KENNETH W. WILLIAMS, JR.
8596 S.W. PERRY LANE
STUART, FLORIDA 34997

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

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	Delete
PRESIDENT	KENNETH W. WILLIAMS, JR.	8596 S.W. PERRY LANE	STUART, FLORIDA 34997	<input type="checkbox"/>
SECRETARY-TREASURER	CYNDY D. WILLIAMS	8596 S.W. PERRY LANE	STUART, FLORIDA 34997	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Cyndy D. Williams CYNDY D. WILLIAMS

561-220-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)