

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90052 001 ***150.00

DOCUMENT # P98000052892

1. Entity Name

FLORIDA CATAMARAN INC.

Principal Place of Business

7855 126TH AVE. N.
 LARGO FL 33773

Mailing Address

7855 126TH AVE. N.
 LARGO FL 33773

2. Principal Place of Business

10720 72ND ST N.

Suite, Apt. #, etc.

303

City & State

Largo FL

Zip

33777

Country

US

3. Mailing Address

10720 72ND ST N.

Suite, Apt. #, etc.

303

City & State

Largo FL

Zip

33777

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3514944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REISCHMANN, PATRICK B
 7855 126TH AVE. N.
 LARGO FL 33773

7. Name and Address of New Registered Agent

Name Patrick B Reischmann

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

10720 72ND ST N. # 303

City

St. Petersburg

FL

Zip Code

33777

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

1-15-00

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, 2001 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 NAME REISCHMANN, PATRICK B ☐ Delete
 STREET ADDRESS 11409 8TH ST NO 1503
 CITY-ST-ZIP ST PETE FL 33716

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

Date

Daytime Phone #

1-15-00 727-768-0011

CR2E034 (10/00)