

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061458

1. Entity Name

SALTY DOG SPORTFISHING INC.

Principal Place of Business

Mailing Address

P.O. BOX 510104
KEY COLONY BEACH FL 33051

P.O. BOX 510104
KEY COLONY BEACH FL 33051-0104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0852187

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

ALDRIDGE, DANIEL L
331 9TH STREET
KEY COLONY BEACH FL 33051

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	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	ALDRIDGE, DANIEL L	P.O. BOX 510104 KEY COLONY BEACH FL 33051	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	SCHWARTZ, RICHARD	P.O. BOX 510868 KEY COLONY BEACH FL 33051	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	NORWOOD, JOHN F	100 W. 63 ST. APT. A-2 MARATHON FL 33050	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PD	ALDRIDGE, DANIEL L	331 - 9TH ST KEY COLONY BCH FL 33051	<input type="checkbox"/>		PSD	ALDRIDGE, DANIEL L	331 - 9th ST KEY COLONY BCH FL 33051	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/09/00

Date

305) 743-2324

Daytime Phone #