

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070590

1. Entity Name

FLORIDA'S BOAT DOCKS & SEAWALLS INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90047 050 ***150.00

Principal Place of Business

Mailing Address

401 W. SEMINOLE BLVD... UNIT #165
SANFORD FL 32771

401 W. SEMINOLE BLVD... UNIT #165
SANFORD FL 32771-7802

2. Principal Place of Business

401 W. Seminole Blvd.

3. Mailing Address

401 W. Seminole Blvd.

Suite, Apt. #, etc.

#165

Suite, Apt. #, etc.

#165

City & State

Sanford, FL

City & State

Sanford, FL

Zip

32771

Country

U.S.A.

Zip

32771

Country

U.S.A.

4. FEI Number

59-3517478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, MICHAEL R
401 W. SEMINOLE BLVD., UNIT #165
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name N/A

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, MICHAEL R	
STREET ADDRESS	401 W. SEMINOLE BLVD., UNIT #165	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Michael R. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2000
Date

407-307-0045
Daytime Phone #

CR2E034 (9/99)