

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076669

1. Entity Name

PIRANHA GOLD, INC.

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

04-14-2000 90108 024 ***150.00

Principal Place of Business

Mailing Address

444 SEABREEZE BLVD., STE. 800
DAYTONA BEACH FL 32118

PO BOX 1231
DAYTONA BEACH FL 32115-1231

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

59-3532909

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

DORAN, THEODORE R
444 SEABREEZE BLVD., STE. 800
DAYTONA BEACH FL 32118

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
ST
DORAN, THEODORE R
444 SEABREEZE BLVD., STE. 800
DAYTONA BEACH FL 32118

☐ Delete

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☐ Change ☒ Addition

TITLE
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JOHNSON, JEFFREY
611 PONTRA VEDRA LAKES BLVD. #3804
PONTRA VEDRA BEACH FL 32082

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☐ Change ☐ 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 registered 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

2-17-00 904-253-1111

Daytime Phone #

CR2E034 (9/99)