

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077310

1. Entity Name

DEEP SEA FISHING CHARTERS AND EXCURSIONS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90108 024 ***150.00

Principal Place of Business

Mailing Address

3805 THOMAS DR
 PANAMA CITY FL 32408
 US

PO BOX 1185
 PANAMA CITY FL 32402-1185
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3541766

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VALDES-FAULI CORPORATE SERVICES, INC.
 2 SOUTH BISCAYNE BLVD.
 SUITE 3400, ONE BISCAYNE TOWER
 MIAMI FL 33131

Name

MICHAEL A. SCOTT, CPA

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

1000 WEST 11TH ST

City

PANAMA CITY

FL

Zip Code

32402

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

Michael A. Scott, CPA

4.28.2000

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 ☐ Delete
 NAME D
 STREET ADDRESS CROWELL, JAMES
 CITY-ST-ZIP 803 WEST STREET
 PARKER FL 32404

TITLE ☒ Change ☐ Addition
 NAME 3810 LONG JOHN DR
 STREET ADDRESS PANAMA CITY BEACH FL 32408
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CROWELL, KENNETH
 CITY-ST-ZIP P.O. BOX 790 N/A
 TIBERIAS 14107 ISRAEL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CROWELL, MARJORIE
 CITY-ST-ZIP P.O. BOX 790 N/A
 TIBERIAS 14107 ISRAEL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 A. Scott, CPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)