

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90014 012 \*\*\*150.00

01/05/02 AV

**DOCUMENT # P98000089636**

1. Entity Name

**THE WRECK, INC.**

Principal Place of Business

**58835 OVERSEAS HWY  
 MARATHON FL 33050**

Mailing Address

**58835 OVERSEAS HWY  
 MARATHON FL 33050**

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

**65-0875639**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CHEVER, STEPHANIE  
 12690 OVERSEAS HWY  
 UNIT 41  
 MARATHON FL 33050**

7. Name and Address of New Registered Agent

Name **Cheever, Stephanie**  
 Street Address (P.O. Box Number is Not Acceptable)  
**314 Stirrup Key**  
 City **Marathon** **FL** Zip Code **33050**

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 *Stephanie Cheever*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/02  
 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, 2002 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHEEVER, STEPHANIE</b>
STREET ADDRESS	<b>12690 OVERSEAS HWY, UNIT 41</b>
CITY-ST-ZIP	<b>MARATHON FL 33050</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HATHAWAY, STEVE</b>
STREET ADDRESS	<b>12690 OVERSEAS HWY, UNIT 41</b>
CITY-ST-ZIP	<b>MARATHON FL 33050</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cheever, Stephanie</b>
STREET ADDRESS	<b>314 Stirrup Key</b>
CITY-ST-ZIP	<b>Marathon, FL 33050</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hathaway, Steve</b>
STREET ADDRESS	<b>314 Stirrup Key</b>
CITY-ST-ZIP	<b>Marathon, FL 33050</b>
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
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: *Stephanie Cheever*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/02 305-743882  
 Date Daytime Phone #

CR2E034 (9/01)