

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 09, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000093118**

1. Entity Name

SIMPLE PLEASURE CHARTERS, INC.

Principal Place of Business

2116 LADY DI LANE

JACKSONVILLE

32246

FL

Mailing Address

2116 LADY DI LANE

JACKSONVILLE

32246

FL

2. Principal Place of Business

7835 QUIDA DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH

FL

City & State

Zip
33411

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

POUCHER ALLEN LJR.

320 EAST ADAMS STREET

JACKSONVILLE

32202

US

FL

7. Name and Address of New Registered Agent

Name

BRASWELL GLENN

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

7835 QUIDA DRIVE

City

WEST PALM BEACH

FL

Zip Code
33411

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 **GLENN R. BRASWELL**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

08/09/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRASWELL SUSIE F	
STREET ADDRESS	2116 LADY DI LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

TITLE	D	<input type="checkbox"/> Delete
NAME	BRASWELL GLENN R	
STREET ADDRESS	2116 LADY DI LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

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

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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
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STREET ADDRESS		
CITY-ST-ZIP		

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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: Glenn R. Braswell

Mr. 08/09/2000