

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90010 003 ***150.00

DOCUMENT # P98000103357

1. Entity Name
ADVENTUREGEAR.COM, INC.

Principal Place of Business
**1106 4TH STREET NORTH
 SAINT PETERSBURG FL 33701**

Mailing Address
**PO BOX 1370
 ST PETERSBURG FL 33731**

2. Principal Place of Business
455 Mississippi Ave
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 307
 Suite, Apt. #, etc.

City & State
OZONA, FL
 Zip
34660

Country
USA

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OZONA, FL
 Zip
34660

Country
USA

4. FEI Number **59-3562315**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

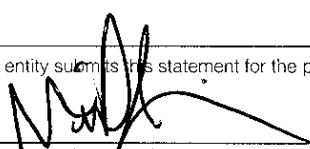
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRWIN, IAN N
 222 2ND STREET N
 SAINT PETERSBURG FL 33701**

Name **IAN N IRWIN**
 Street Address (P.O. Box Number is Not Acceptable)
455 Mississippi Ave
8
 City **OZONA, FL** Zip Code **34660**

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  **5/19/2001**
 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, 2001 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS IRWIN, IAN N 222 2ND STREET NORTH SAINT PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)