

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91010 043 ***158.75

DOCUMENT # P99000018349

1. Entity Name

DRAGONFLY WATERSPORTS, INC.

Principal Place of Business

Mailing Address

**20336 E. PENNSYLVANIA AVENUE
DUNNELLON FL 34432**

**20336 E. PENNSYLVANIA AVENUE
DUNNELLON FL 34432**

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

65-0903194

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

**GOLDSMITH, SHERRI W
20336 E. PENNSYLVANIA AVENUE
DUNNELLON FL 34432**

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

Sherr W Goldsmith
Signature, typed or printed name of registered agent and title if applicable.

SHERRI W. GOLDSMITH

4-26-01

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GOLDSMITH, SHERRI W**
CITY-ST-ZIP **20336 E. PENNSYLVANIA AVENUE
DUNNELLON FL 34432**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GOLDSMITH, STEPHEN**
CITY-ST-ZIP **20336 E. PENNSYLVANIA AVENUE
DUNNELLON FL 34432**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition

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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:

Sherr W Goldsmith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01 352-489-3046

CR2E034 (10/00)