

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90046 033 \*\*\*150.00

DOCUMENT # P99000021989

1. Entity Name

All Oceans All Tackle

Principal Place of Business

Mailing Address

325 S. LAKE Dr.

90 Tom furtado  
 325 S. LAKE Dr., Apt #6  
 Palm Beach, Fl 33480

2. Principal Place of Business

325 S. LAKE Dr.

3. Mailing Address c/o Tom furtado  
 325 S. LAKE Dr.

Suite, Apt. #, etc.

Apt #6

Suite, Apt. #, etc.

Apt #6

City & State

Palm Beach, Fl

City & State

Palm Beach, Fl

Zip

33480

Country

USA

Zip

33480

Country

USA

4. FEI Number

65-0900373

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

Tom furtado  
 325 S. LAKE Dr.  
 Palm Beach, Fl 33480

Name Tom furtado  
 Street Address (P.O. Box Number is Not Acceptable)  
 325 S. LAKE Dr., Apt #6  
 Apt #6  
 City Palm Beach FL Zip Code 33480

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 Tom furtado Tom furtado

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-00

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

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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.

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\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
 NAME Thomas furtado  
 STREET ADDRESS 325 S. LAKE Dr. Apt #6  
 CITY-ST-ZIP Palm Beach, Fl 33480

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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: Tom furtado Tom furtado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00 561 655-8300

Date

Daytime Phone #

CR2E034 (9/99)