

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023325

1. Entity Name
OFF DUTY CHARTERS, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90191 005 ***150.00

Principal Place of Business
13100 MCCALL RD
APT 153
PORT CHARLOTTE FL 33981

Mailing Address
13100 MCCALL RD
APT 153
PORT CHARLOTTE FL 33981



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
629 BOUNDARY BLVD
Suite, Apt. #, etc.

3. Mailing Address
629 BOUNDARY BLVD
Suite, Apt. #, etc.

City & State
ROTONDA WEST FL

City & State
ROTONDA WEST FL

Zip
33947

Country
USA

Zip
33947

Country
USA

4. FEI Number 65-0902944

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLEMENS, SCOTT A
13100 MCCALL ROAD
APT 153
PORT CHARLOTTE FL 33981

7. Name and Address of New Registered Agent

Name
CLEMENS, SCOTT A

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

City
ROTONDA WEST FL

Zip Code
33947

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

(NOTE: Registered Agent signature required when reinstating)

DATE
04-16-01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
CLEMENS, SCOTT
13100 MCCALL RD, STE 153
PORT CHARLOTTE FL 33981

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CLEMENS, SCOTT
629 BOUNDARY BLVD
ROTONDA WEST FL, 33947

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

04-16-01

Date

Daytime Phone #

(941) 698-1468

CR2E034 (10/00)