

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023548

1. Entity Name

SCIWAVE, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90010 011 ***150.00

Principal Place of Business

16650 MCGREGOR BLVD. SUITE 102
FT MYERS FL 33908-3844

Mailing Address

16650 MCGREGOR BLVD. SUITE 102
FT MYERS FL 33908-3844

2. Principal Place of Business

19200 San Carlos Blvd
Suite, Apt. #, etc.

3. Mailing Address

19200 San Carlos Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City, State

FT. Myers Beach

City, State

FT. Myers Beach

4. FFI Number

650902616

Applied For

Not Applicable

Zip

33931

Country

USA

Zip

33931

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEOHANE, MARIE E
16650 MCGREGOR BLVD, SUITE 102
FT MYERS FL 33908-3844

7. Name and Address of New Registered Agent

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

Marie E KEOHANE

2-16-00

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, 2000 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

PD
KEOHANE, MARK W
16650 MCGREGOR BLVD, SUITE 102
FT MYERS FL 33908-3844

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
CORDERO, KARLENE A A
18499 CUTLASS DR
FT MYERS BEACH FL 33931

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD
KEOHANE, MARIE E
18499 CUTLESS DRIVE
FT MYERS BEACH FL 33931

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP/D

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP/D/S

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRES./T/D

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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:

Marie E KEOHANE

2-16-00

941-765-8255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIE E KEOHANE, SEC.

Date

Daytime Phone #

CR2E034 (9/99)