

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90446 039 ***150.00

DOCUMENT # P99000023548

1. Entity Name
SCIWAVE, INC.

Principal Place of Business
19200 SAN CARLOS BLVD
FORT MYERS BEACH FL 33931
US

Mailing Address
19200 SAN CARLOS BLVD
FORT MYERS BEACH FL 33931
US

817862



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0902616**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

KEOHANE, MARIE E

16650 MCGREGOR BLVD, SUITE 102

FT MYERS FL 33908-3844

Name

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

19200 San Carlos Blvd

City Ft. Myers Beach FL

Zip Code 33931

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*

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

(NOTE: Registered Agent signature required when reinstating)

3-14-01
 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 **VPD** ☐ Delete
 NAME **KEOHANE, MARK W**
 STREET ADDRESS **16650 MCGREGOR BLVD, SUITE 102**
 CITY-ST-ZIP **FT MYERS FL 33908-3844**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPDS** ☐ Delete
 NAME **CORDERO, KARLENE A A**
 STREET ADDRESS **18499 CUTLASS DR**
 CITY-ST-ZIP **FT MYERS BEACH FL 33931**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PTD** ☐ Delete
 NAME **KEOHANE, MARIE E**
 STREET ADDRESS **18499 CUTLESS DRIVE**
 CITY-ST-ZIP **FT MYERS BEACH FL 33931**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **MICHAEL S. KEOHANE**
 STREET ADDRESS **16650 McGreggor Blvd**
 CITY-ST-ZIP **Ft. Myers, FL 33908-3844**

TITLE ☐ Change ☒ Addition
 NAME **MICHAEL S. KEOHANE**
 STREET ADDRESS **16650 McGreggor Blvd**
 CITY-ST-ZIP **Ft. Myers, FL 33908-3844**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Marie E KEOHANE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIE E KEOHANE

Date

3/14/01

Daytime Phone #

941-765-8255

CR2E034 (10/00)