

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027604

1. Entity Name

PERFORMANCE WATERCRAFT RENTALS INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90071 011 ***150.00

Principal Place of Business

Mailing Address

~~3504 PENSDALE DRIVE~~

~~3504 PENSDALE DRIVE~~

~~NEW PORT RICHEY FL 34662~~

~~NEW PORT RICHEY FL 34662~~

51 Island way #1207
Clearwater, FL 33767

51 Island way #1207
Clearwater, FL 33767

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3555489

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

MARGI JAMES E
3090 GREENBRIER COURT
SPRING HILL FL 34606

Shari K Stein
51 Island way #1207
Clearwater, FL 33767

7. Name and Address of New Registered Agent

Name

Shari K. Stein

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

51 Island Way #1207

City

Clearwater

FL

Zip Code

33767

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

Shari K Stein

3-12-00

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
PSD
FERRARA, PATRICIA A
3504 PENSDALE DRIVE
NEW PORT RICHEY FL 34652 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
Shari K Stein
51 Island Way #1207
Clearwater, FL 33767 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Shari K Stein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-00

Date

727-466-9543

Daytime Phone #

CR2E034 (9/99)