

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032735

1. Entity Name

SURVIVAL OFFSHORE, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90079 037 ***150.00

Principal Place of Business

Mailing Address

1850 S. MIAMI RD.
4146
FORT LAUDERDALE FL 33316

PO BOX 460176
FORT LAUDERDALE FL 33316

80044364



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

823 S.E. 18th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

City & State

4. FEI Number 65-0869335

Applied For

Not Applicable

Zip
33316

Country
USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES FL 33134

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

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
AXELROD, DREW P
1850 S. MIAMI RD. SUITE 4146
FORT LAUDERDALE FL 33316

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
823 S.E. 18th STREET
FORT LAUDERDALE, FL 33316

☒ Change ☐ Addition

TITLE
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☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DREW P. AXELROD 4/24/01 954-765-1070

7101

CR2E034 (10/00)