## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P99000035072** JET SKI ADVENTURES OF CENTRAL FLORIDA, INC. 04-19-2000 90100 041 \*\*\*150.00 Mailing Address Principal Place of Business ( ) Principal Place of Business 2227 MAJESTIC WOODS BLVD. 2227 MAJESTIC WOODS BLVD. APOPKA FL 32712-3240 APOPKA FL 32712 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORO, ROGER W Street Address (P.O. Box Number is Not Acceptable) 2227 MAJESTIC WOODS BLVD. APOPKA FL 32712 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE COME E. C. NAME OF THE NAME MORO ROGER W STREET ADDRESS STREET ADDRESS 2227 MAJESTIC WOODS BLVD. CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Change Addition ☐ Delete TITLE NAME Moro, Debra K NAME STREET ADDRESS 2227 MAJESTIC WOODS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME

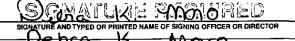
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



4-7-00

407-884-7394

Daytime Phone #