

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90296 029 ***150.00

00013443



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000053647

1. Entity Name

ADVENTURE ONE, INC

Principal Place of Business

**8809 CROSS LANDING LANE
RIVERVIEW FL 33569-4997**

Mailing Address

**8809 CROSS LANDING LANE
RIVERVIEW FL 33569-4997**

2. Principal Place of Business

155 North Lopez Lane
Suite, Apt. #, etc.

3. Mailing Address

PO Box 678
Suite, Apt. #, etc.

City & State
Chokoloskee, FL

Zip
34138 Country
USA

City & State
Everglades City, FL

Zip
34139 Country
USA

4. FEI Number **59-3587376**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLS, RICHARD
8809 CROSS LANDING LANE
RIVERVIEW FL 33569-4997**

7. Name and Address of New Registered Agent

Name **Mills, Richard**
Street Address (P.O. Box Number is Not Acceptable)
155 North Lopez Lane
City **Chokoloskee** FL Zip Code **34138**

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

1/29/01

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

TITLE	D <input type="checkbox"/> Delete
NAME	MILLS, RICHARD
STREET ADDRESS	8809 CROSS LANDING LANE
CITY-ST-ZIP	RIVERVIEW FL 33569-4997
TITLE	D <input type="checkbox"/> Delete
NAME	CHALMERS, ANN
STREET ADDRESS	8809 CROSS LANDING LANE
CITY-ST-ZIP	RIVERVIEW FL 33569-4997
TITLE	P <input type="checkbox"/> Delete
NAME	MILLS, RICHARD
STREET ADDRESS	8809 CROSS LANDING LANE
CITY-ST-ZIP	RIVERVIEW FL 33569-4997
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	155 North Lopez Lane
CITY-ST-ZIP	Chokoloskee, FL 34138
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	155 North Lopez Lane
CITY-ST-ZIP	Chokoloskee, FL 34138
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	155 North Lopez Lane
CITY-ST-ZIP	Chokoloskee, FL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/01

CR2E034 (10/00)