

2000 UNIFORM BUSINESS REPORT (UBR)

71

DOCUMENT # P99000066408

1. Entity Name

JIM ECKELS YACHT BROKERS, CORP.

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

07-19-2000 90003 005 ***150.00

Principal Place of Business

861 CONREID DR.
PORT CHARLOTTE FL 33952

Mailing Address

861 CONREID DR.
PORT CHARLOTTE FL 33952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0948224

Applied For

Not Applicable

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

ECKELS, JAMES R
861 CONREID DR.
PORT CHARLOTTE FL 33952

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PRESIDENT
JAMES R. ECKELS
861 CONREID DR.
PORT CHARLOTTE FL. 33952

☐ Delete

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

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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 lists empowered.

SIGNATURE

JAMES R. ECKELS 7/6/00 941-255-6916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
0# P9900066408

107347

JIM ECKELS
861 Conreld Drive
Port Charlotte, FL 33952
941-255-6988
captnosweat@hotmail.com

Sirs,

WHEN LOOKING FOR STATE TAX FORMS
I DISCOVERED MENTION OF THE VBR BY
ACCIDENT. I ASKED THE D.O.S. TO
SEND ME ONE AS THEY HAD NEVER
SENT ME ONE. THEY SAID IT WOULD
BE \$150, BUT WHEN THE FORM
ARRIVED, IT WAS FOR A NON-PAYMENT.
WHEN THE PROPER FORM FINALLY
ARRIVED, IT SAID \$50. PLEASE
RESCIND THE PENALTIES AND ACCEPT
MY \$150. FILING FEE.

