

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069803

1. Entity Name

CRUISE SHOP NETWORK.COM, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90007 026 ***150.00

Principal Place of Business

9781 W SAMPLE ROAD
CORAL SPRINGS FL 33065

Mailing Address

9781 W SAMPLE ROAD
CORAL SPRINGS FL 33065

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

65-0941763

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

SQUILLANTE, FRANK
9781 W SAMPLE ROAD
CORAL SPRINGS FL 33065

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 \$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
D
SQUILLANTE, FRANK
9781 W SAMPLE ROAD
CORAL SPRINGS FL 33065 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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:

Frank Squillante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/00 954-755-7668

Attachment
P99000069803
A0070075

Cruise Shop Network
9871 W. Sample Road
Coral Springs, Florida
July 20, 2000

Florida Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

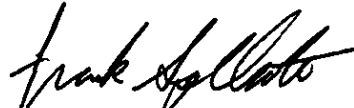
Re: Doc. #P99000069803

Dear Sir,

I am writing with regard to the second notice our office received on the 2000 Uniform Business Report. Apparently we never received the first notice which we would have paid in advance to avoid any late fees.

Please accept our check in the amount of \$150.00.

Thank you,


Frank Squillante