

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070175

1. Entity Name

FUN WITH JETSKIS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90079 005 ***150.00

Principal Place of Business

Mailing Address

3024 PARKWAY BLVD., STE. 308
KISSIMMEE FL 34747

3024 PARKWAY BLVD., STE. 308
KISSIMMEE FL 34747-4521

2. Principal Place of Business

3. Mailing Address

4960 W 11th Bronson men Hwy
Suite, Apt. #, etc.

519 Campus St
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Kissimmee Florida

Celebration Florida

4. FEI Number

Applied For

59-3603967

Not Applicable

Zip

Country

Zip

Country

34746

Osceola

34747

Osceola

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

OWENS, JAYME L
3024 PARKWAY BLVD., STE. 308
KISSIMMEE FL 34747

Name

Street Address (P.O. Box Number is Not Acceptable)

519 Campus St

City

Celebration

FL

Zip Code
34747

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 Jayme L. Owens

Signature, typed or printed name of registered agent and title if applicable.

Jayme L. Owens

(NOTE: Registered Agent signature required when reinstating)

5-1-00

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, 2000 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 President ☐ Delete
NAME Douglas Owens
STREET ADDRESS 519 Campus St
CITY-ST-ZIP Celebration, FL 34747

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

TITLE Vice President ☐ Delete
NAME Jayme L. Owens
STREET ADDRESS 519 Campus St
CITY-ST-ZIP Celebration, FL 34747

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: Jayme L. Owens Jayme L. Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

407-301-5912

Daytime Phone #