

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074604

1. Entity Name

SURFIN4.COM INC.

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90107 014 ***550.00

Principal Place of Business

2112 ONETA COURT
ORLANDO FL 32818

Mailing Address

2112 ONETA COURT
ORLANDO FL 32818-5323

2. Principal Place of Business

2113 Crestridge Drive

3. Mailing Address

2113 Crestridge Drive

City & State

Clermont, Florida

City & State

Clermont, Florida

Zip

34711

Country

U.S.A.

Zip

34711

Country

U.S.A.

4. FEI Number

59-3593953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, DAN W
2112 ONETA COURT
ORLANDO FL 32818

Name

EVANS, DAN W.

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

2113 Crestridge Drive

City

Clermont

FL

Zip Code

34711

7. Name and Address of New Registered Agent

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

Dan W Evans

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

(NOTE: Registered Agent signature required when reinstating)

6-18-00

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

TITLE ☐ Delete
NAME EVANS, DAN W
STREET ADDRESS 2112 ONETA COURT
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Delete
NAME EVANS, JOY M
STREET ADDRESS 2112 ONETA COURT
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME P/C/D EVANS, DAN W
STREET ADDRESS 2113 CRESTRIDGE DRIVE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☒ Change ☐ Addition
NAME EVANS, JOY M
STREET ADDRESS 2113 CRESTRIDGE DRIVE
CITY-ST-ZIP CLERMONT, FL 34711

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

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

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

TITLE ☐ Change ☐ 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:

Dan W Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-00 (407)363-9944 x183

Date

Daytime Phone #

CF21:034 (9/19)