

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State
 02-09-2001 90110 022 ***150.00

DOCUMENT # P99000091305

1. Entity Name

H2O OUTFITTERS, INC.

Principal Place of Business

**798 CRYSTAL LAKE CIRCLE
 FT MYERS FL 33919**

Mailing Address

**(798 CRYSTAL LAKE CIRCLE
 FT MYERS FL 33919)**

798 CYPRESS LAKE CIRCLE ←

2. Principal Place of Business

5400 PLANTATION ROAD

3. Mailing Address

798 CYPRESS LAKE CIRCLE

Suite, Apt. #, etc.

HARBORSIDE VILLAGE

Suite, Apt. #, etc.

City & State

CAPTIVA ISLAND, FL

City & State

FORT MYERS, FL

Zip

Country

33924

LEE

Zip

Country

33919

LEE

4. FEI Number

65-0957060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BAUGHER, BRIAN J
 798 CRYSTAL LAKE CIRCLE
 FT MYERS FL 33919**

7. Name and Address of New Registered Agent

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 \$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 NAME	PTD BAUGHER, BRIAN J	<input type="checkbox"/> Delete
STREET ADDRESS	798 CRYSTAL LAKE CIRCLE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE NAME	VSD BAUGHER, BRIAN J	<input type="checkbox"/> Delete
STREET ADDRESS	798 CRYSTAL LAKE CIRCLE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PRES./TRES BAUGHER, BRIAN J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	798 CYPRESS LAKE CIRCLE	
CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE NAME	VICE P/SECRETARY ANNE C. BAUGHER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	798 CYPRESS LAKE CIRCLE	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Brian J. Baugher**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/01 941-481-8177

CR2E034 (10/00)