

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**  
 05-05-2000 90112 024 \*\*\*150.00

**DOCUMENT # P99000093763**

1. Entity Name  
**PILOTHOUSE ONLINE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>905 N. HARBOUR CITY BLVD.                  C/O WATERLINE MARINA                  MELBOURNE FL 32935</b>	Mailing Address <b>905 N. HARBOUR CITY BLVD.                  C/O WATERLINE MARINA                  MELBOURNE FL 32935-7087</b>
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2. Principal Place of Business <b>12940 82nd Court</b> Suite, Apt. #, etc. <b>PO Sebastian FL</b>	3. Mailing Address <b>P.O. Box 509</b> Suite, Apt. #, etc.
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City & State <b>Sebastian Florida</b>	City & State <b>Roseland Florida</b>
Zip <b>32958</b>	Zip <b>32957</b>
Country <b>United States</b>	Country <b>United States</b>

4. FEI Number <b>59-3606975</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**STRICKLAND, MICHAEL  
 905 N. HARBOUR CITY BLVD.  
 C/O WATERLINE MARINA  
 MELBOURNE FL 32935**

7. Name and Address of New Registered Agent  
 Name **Prudence Meads**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12940 82nd Court**  
 City **Sebastian** FL Zip Code **32958**

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 **Prudence J. Meads (Vice-Pres.)** DATE **4/24/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STRICKLAND, MICHAEL</b> <b>905 N. HARBOUR CITY BLVD.</b> <b>MELBOURNE FL 32935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Strickland, Michael</b> <b>12940 82nd Court</b> <b>Sebastian, FL 32958</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Meads, Prudence</b> <b>12940 82nd Court</b> <b>Sebastian, FL 32958</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MICHAEL STRICKLAND** DATE **4/24/2000** DAYTIME PHONE # **561-581-2976**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR