

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90148 009 ***150.00

DOCUMENT # P99000096134

1. Entity Name
ADVENTURE KAYAK CENTERS, INC.



Principal Place of Business
**3011 ALT 19 N
PALM HARBOR FL 34683**

Mailing Address
**4752 INNISFIL ST
PALM HARBOR FL 34683**



2. Principal Place of Business

3. Mailing Address

3302 Crescent Moon Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Port Richey, FL

Zip

Country

Zip

Country

34655

USA

4. FEI Number

59-3607339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOBEY, CRAIG T
4752 INNISFIL ST
PALM HARBOR FL 34683**

Name

Tobey, Craig T

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

8302 Crescent Moon Dr

City

New Port Richey, FL

Zip Code

34655

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

3/1/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees*

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TOBEY, CRAIG T**
STREET ADDRESS **4752 INNISFIL ST**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **President** ☒ Change ☐ Addition
NAME **Tobey, Craig T**
STREET ADDRESS **8302 Crescent Moon Dr.**
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/03

CR2E034 (10/02)