

2000 UNIFORM BUSINESS REPORT (UBR) ** AMENDED**

DOCUMENT # P99000103594

1. Entity Name

ST. PETERSBURG WET WILLIES, INC.

Principal Place of Business

Bay Walk #A208

St. Petersburg, FL 33713

Mailing Address

P.O. Box 60127

Savannah, GA 31420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3620541

Applied For

Not Applicable

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

Robert N. Stern
2141 W. Church Street
Orlando, FL 32805

Name

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

City

600003436376-3

-10/24/00-01078-019

****61.25 FL ****61.25

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, 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 D ☐ Delete
NAME Stern, Robert N.
STREET ADDRESS 2141 W. Church St.
CITY-ST-ZIP Orlando, FL 32805

TITLE D/P/ ☒ Change ☐ Addition
NAME Stern, Robert N.
STREET ADDRESS 2141 W. Church St.
CITY-ST-ZIP Orlando, FL 32805

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/S/T-~~Conrad~~ ☐ Change ☒ Addition
NAME Dickinson, William A.
STREET ADDRESS 106 Dutch Island Drive
CITY-ST-ZIP Savannah, GA 31406

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/VP/ ☐ Change ☒ Addition
NAME Stachel, David A.
STREET ADDRESS 11 Island Avenue, PH2
CITY-ST-ZIP Miami Beach, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/VP/ ☐ Change ☒ Addition
NAME Stachel, Eric S.
STREET ADDRESS 2845 Lookout Place
CITY-ST-ZIP Atlanta, GA 30305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/VP ☐ Change ☒ Addition
NAME Dickinson, Fred J.
STREET ADDRESS 60 Harvey Drive
CITY-ST-ZIP Paramus, NJ 07652

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/2000 Robert N. Stern, Pres.

(407) 423-6810 10/13/2000

Date

Daytime Phone #

FILED

00 OCT 16 PM 2:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

RE