

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107041

1. Entity Name

SMOOTH SAILING OF BREVARD, INC.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90106 013 ***150.00

Principal Place of Business

Mailing Address

220 ARTHUR AVE.
COCOA BEACH FL 32931

220 ARTHUR AVE.
COCOA BEACH FL 32931

2. Principal Place of Business

104 CLEVELAND AVE.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 488

Suite, Apt. #, etc.

City & State

COCOA BEACH, FL.

Zip Country

32931 USA

City & State

CAPE CANAVERAL, FL.

Zip Country

32920-0488 USA

4. FEI Number

59-3613042

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

BURGETT, FREDERICK C JR.
220 ARTHUR AVE.
COCOA BEACH FL 32931

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, 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	BURGETT, FREDERICK C JR.	
STREET ADDRESS	220 ARTHUR AVE.	
CITY-ST-ZIP	COCOA BEACH FL 32931	
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		

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: FREDERICK C. BURGETT, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frederick C. Burgett Jr 2/10/00

Date

321-783-0035

Daytime Phone #

CR2E034 (9/99)