

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S76271**

1. Entity Name

ACTION WATERCRAFT OF SOUTH FLORIDA, INC.**FILED**
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90099 001 ***661.25

Principal Place of Business

Mailing Address

2061 N.W. 27 AVENUE
MIAMI FL 33142
US2061 N.W. 27 AVE
MIAMI FL 33142-7126

2. Principal Place of Business

3. Mailing Address

3800 NW 27 Ave
Suite, Apt. #, etc.3800 NW 27 Ave
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33142

Country

Zip

33142

Country

4. FEI Number

65-0298268

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

MOONEY, HOWARD
2061 N.W. 27 AVE.
MIAMI FL 33142

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D MOONEY, HOWARD <input type="checkbox"/> Delete	TITLE	D mooney, Howard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONEY, HOWARD	NAME	mooney, Howard
STREET ADDRESS	2061 NW 27 AVE	STREET ADDRESS	3800 NW 27 AVE
CITY-ST-ZIP	MIAMI FL 33142	CITY-ST-ZIP	Miami, FL 33142
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

5/19/00

Date

305 634 5754

Daytime Phone #

CR2E034 (9/99)