

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V60257**

1. Entity Name

2 PISCES CHARTERS INC.

FILED

00 SEP 18 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
12650 OVERSEAS Hwy #1		MARATHON, FLA. 33050	
2. Principal Place of Business		3. Mailing Address	
12650 OVERSEAS Hwy		SAME	
Suite Apt #, etc.		Suite Apt #, etc.	
#1			
City & State		City & State	
MARATHON, FLA.		MARATHON, FLA.	
Zip		Zip	
33050		33050	
Country		Country	
MONROE			
4. FEI Number		Applied For	
65-0359166		Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
☐		☐	
6. Name and Address of Current Registered Agent			
Sharon L. Wells 760 122nd St Ocean Marathon, FL 33050			
7. Name and Address of New Registered Agent			
Name: Kimberly S. Mulligan			
Street Address (P.O. Box Number is Not Acceptable): 12650 O/S Hwy #1			
City: Marathon FL Zip Code: 33050			
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: <i>Kimberly Mulligan</i> DATE: 9/15/00			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐			
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	President ☒ Delete	TITLE	President ☐ Change ☒ Addition
NAME	Sharon L. Wells	NAME	Kimberly S. Mulligan
STREET ADDRESS	760 122nd St Ocean	STREET ADDRESS	12650 O/S Hwy #1
CITY-STATE-ZIP	MARATHON, FL 33050	CITY-STATE-ZIP	MARATHON FL 33050
TITLE	Vice President ☒ Delete	TITLE	Vice President ☐ Change ☒ Addition
NAME	James E. Wells	NAME	Jeffrey W. Mulligan
STREET ADDRESS	760 122nd St. Ocean	STREET ADDRESS	12650 O/S Hwy #1
CITY-STATE-ZIP	MARATHON FL 33050	CITY-STATE-ZIP	MARATHON, FL 33050
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Kimberly S. Mulligan</i> DATE: 9/13/00 305-289-9991			
* <i>Kimberly S. Mulligan</i> 9/15/00			

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