

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64954

1. Entity Name

CUSTOM DIVE BOATS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90046 050 ***150.00

Principal Place of Business

Mailing Address

1416 INTREPID DR.
DELAND FL 32724
US

1416 INTERPID DR.
DELAND FL 32130-1820
US

911551

2. Principal Place of Business

3. Mailing Address

5797-E LK. Winona Rd

P.O. Box 1820

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELEON SPRINGS, FL

City & State

DELEON SPRINGS, FL

4. FEI Number

65-0366991

Applied For

Not Applicable

Zip

32130

Country

USA

Zip

32130

Country

USA

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

SHIRLEY, MICHAEL R
1416 INTREPID DRIVE
DELAND FL 32724

Name

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

5797-E Lake Winona Rd

City

DELEON SPRINGS

FL

Zip Code

32130

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

M. Shirley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-00

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 ☐ Delete
NAME D
STREET ADDRESS SHIRLEY, ROBERT
CITY-ST-ZIP 1416 INTREPID DR.
DELAND FL

TITLE ☒ Change ☐ Add
NAME 5797-E Lake Winona Rd
STREET ADDRESS Deleon Springs, FL 32130
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS SHIRLEY, MICHAEL R
CITY-ST-ZIP 1416 INTREPID DRIVE
DELAND FL 32724

TITLE ☒ Change ☐ Add
NAME 5797-E Lake Winona Rd
STREET ADDRESS Deleon Springs, FL 32130
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Shirley

REQUIRED

1-25-00

904-985-0045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #