

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
 03-26-2001 90162 003 ***150.00

DOCUMENT # 431708

1. Entity Name
CAPT. ANDERSON'S SIGHTSEEING, INC.

Principal Place of Business
**5550 N. LAGOON DR.
 PANAMA CITY FL 32408**

Mailing Address
**5550 N. LAGOON DR.
 PANAMA CITY FL 32408**

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 **59-1478367**

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

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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, CHARLES S 6583 FAIRWAYVIEW BLVD. ST. PETERSBURG FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANDERSON, PAMELA W. 6503 PALM COURT PANAMA CITY, FL 32408	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, KENNETH M 6503 PALM CT PANAMA CITY FL 32408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANDERSON, KENNETH M 6503 PALM COURT PANAMA CITY, FL 32408	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDERSON, PAMELA W 6503 PALM CT PANAMA CITY FL 32408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. PRES CAVANAUGH, FORD 1424 CAVANAUGH KANE PANAMA CITY, FL 32409	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 PAMELA W. ANDERSON **PAMELA W. ANDERSON** 3/21/01 800-360-0510
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)