2002 Uniform Business Report (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIG

SIGNATURE:

Apr 16, 2002 8:00 am § Secretary of State DOCUMENT # 431708 1. Entity Name 04-16-2002 90060 014 ***150 CAPT. ANDERSON'S SIGHTSEEING, INC. Principal Place of Business Mailing Address 5550 N. LAGOON DR. 5550 N. LAGOON DR. PANAMA CITY FL 32408 PANAMA CITY FL 32408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1478367 Not Applicable Zíp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, KENNETH M. Street Address (P.O. Box Number is Not Acceptable) 6503 PALM CT PANAMA CITY FL 32408 City Zip Code FL . 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (9/01) TITLE ☐ Change ☐ Addition NAME anderson. Pamela w STREET ADDRESS 6503 PALM COURT STREET ADDRESS CITY-ST-ZIE PANAMA CITY FL 32408 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change M Addition NAME anderson, Kenneth M NAME STREET ADDRESS 6503 PALM CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32408 TITLE Delete TITLE ST Change Addition NAME NAME ANDERSON, PAMELA W STREET ADDRESS STREET ADDRESS 6503 PALM CT CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32408 TITLE ☐ Delete TITLE ۷P Change ☐ Addition NAME CAVANAUGH, FORD NAME STREET ADDRESS STREET ADDRESS 1424 CAVANAUGH LANE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32409 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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