2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90168 038 ***150.00

DOCUMENT # 431708

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

20013563

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
5550 N. LAGOON DR. PANAMA CITY FL 32408	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
ANDERSON, KENNETH M. ~~6503 PALM CT~~ 6505 Palm Court PANAMA CITY FL 32408	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANDERSON, PAMELA W 6503 PALM COURT PANAMA CITY FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Anderson, Pamela W. 6505 Palm Court Panama City Beach, FL 32408	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ANDERSON, KENNETH M 6503 PALM CT PANAMA CITY FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST/D Anderson, Kenneth M. 6505 Palm Court Panama City Beach, 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	VP/D Charles S. Anderson 1868 Shore Dr. S. Apt. 201 St. Petersburg, FL 33707	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAVANAUGH, FORD 1424 CAVANAUGH LANE PANAMA CITY FL 32409	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Suzie A. Cox 6503 Palm Court Panama City Beach, FL 32408	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gary E. Cox, Jr 6503 Palm Court Panama City Beach, FL 32408	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela Anderson SIGNATURE REQUIRED Pamela Anderson, Pres. 1/15/03 (850) 234-5440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #