

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90015 004 ***150.00

DOCUMENT # H44451

1. Entity Name

PIRATE'S ISLAND OF PANAMA CITY, INC.

Principal Place of Business

Mailing Address

9518 FRONT BCH. RD.
 PANAMA CITY BCH. FL 32597
 US

813 2ND AVE. NORTH
 P O BOX 785
 N MYRTLE BCH. SC 29597

00043247 [REDACTED]



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2505876**

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

LEE, SCOTT W.
241 E. RUBY AVE.
SUITE D
KISSIMEE FL 34741

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

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

(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.

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 | D | <input type="checkbox"/> Delete |
| NAME | ZITTO, KENNETH A. | |
| STREET ADDRESS | 104 LONG FELLOW RD. | |
| CITY-ST-ZIP | SADBURY MA | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LEE, SCOTT | |
| STREET ADDRESS | RT 5 BOX 152 | |
| CITY-ST-ZIP | FT MYERS BCH FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | DEMATTIO, DEAN | |
| STREET ADDRESS | 141 N GATE ROAD | |
| CITY-ST-ZIP | MYRTLE BCH SC | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MERRELL, THOMAS A. JR. | |
| STREET ADDRESS | 104 HOLLY LANE | |
| CITY-ST-ZIP | N MYRTLE BCH SC | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dean De Mattio **DEAN DEMATTIO**

3/6/01

893-272-7369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)