

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90283 038 ***150.00

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DOCUMENT # 281104

1. Entity Name
THE SHRIMP BOATS, INC., OF FLORIDA



Principal Place of Business
**4500 W. HWY. 98
PANAMA CITY FL 32401**

Mailing Address
~~4500 W. HWY. 98~~
PANAMA CITY FL 32401

11018962



2. Principal Place of Business

3. Mailing Address
10292 FRONT BEACH RD.

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH FL

Zip

Country

32408

USA

4. FEI Number **59-1083540**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SMITH, W.L.
4500 W. HWY. 98
PANAMA CITY FL 32401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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	PO SMITH, W.L. 4500 W. HWY. 98 PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **WILLIAM R. B. BUREAU**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

(850)233-9080 Ext 4
Date Daytime Phone #

CR2E034 (10/02)