

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90058 046 ***150.00

DOCUMENT # 631449

1. Entity Name
BANANA BOAT PRODUCTS, INC.

Principal Place of Business 1750 FRANKFORD AVENUE SUITE 0 PANAMA CITY FL 32406 US	Mailing Address P.O. BOX 15145 PANAMA CITY FL 32406 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1750 FRANKFORD AVENUE	3. Mailing Address
Suite, Apt. #, etc. SUITE 0	Suite, Apt. #, etc.

City & State PANAMA CITY FL	City & State	4. FEI Number 59-1948304	Applied For <input type="checkbox"/> Not Applicable
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Zip 32405	Country US	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLESNER, CHARLES
 4640 HILLTOP LANE 1013 MARINA CLUB DRIVE
 PANAMA CITY FL 32405 BAY POINT FL 32411**

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.
CARL PLESNER
 SIGNATURE VICE PRESIDENT OF OPERATIONS *Carl Plesner* **1/31/01**
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. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PLESNER, CHARLES STREET ADDRESS 4640 HILLTOP LN CITY-ST-ZIP PANAMA CITY FL 32405	<input type="checkbox"/> Delete	TITLE P NAME PLESNER, CHARLES STREET ADDRESS 1013 MARINA CLUB DRIVE CITY-ST-ZIP BAY POINT FL 32411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME PLESNER, CAROL STREET ADDRESS 4640 HILLTOP LN CITY-ST-ZIP PANAMA CITY FL 32405	<input type="checkbox"/> Delete	TITLE ST NAME PLESNER, CAROL STREET ADDRESS 1013 MARINA CLUB DRIVE CITY-ST-ZIP BAY POINT FL 32411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME PLESNER, CARL STREET ADDRESS 4640 HILLTOP LANE CITY-ST-ZIP PANAMA CITY FL 32405	<input type="checkbox"/> Delete	TITLE V NAME PLESNER, CARL STREET ADDRESS 4234 BAY POINT ROAD CITY-ST-ZIP BAY POINT FL 32411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carl Plesner* **CARL PLESNER** **1/31/01** **850-769-9433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)