

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G73599

1. Entity Name

CAPTAIN DUKES BOAT SERVICE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90918 038 ***150.00

Principal Place of Business

Mailing Address

DESTIN FISHING FLEET
 HWY 98 EAST
 DESTIN FL 32541

P.O. BOX 5095
 DESTIN FL 32540-5095
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Destin Fishing Fleet
 Suite, Apt. #, etc.
 Capt. Dukes BLD I
 City & State
 Destin, FL.

P.O. Box 5095
 Suite, Apt. #, etc.
 City & State
 Destin F.

4. FEI Number 59-2353617

Applied For
 Not Applicable

Zip
 32541

Country
 OAKLOOSA

Zip
 32540

Country
 OAKLOOSA

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

ROBINSON, MELVIN E.
 304 PRIMROSE CIRCLE
 DESTIN FL 32541

Name Melvin EARL ROBINSON
 Street Address (P.O. Box Number is Not Acceptable)
 304 Primrose Cr
 City Destin FL Zip Code 32541

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. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 DP
 NAME ROBINSON, MELVIN E.
 STREET ADDRESS 304 PRIMROSE CR.
 CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
 NAME ROBINSON, SCOTT
 STREET ADDRESS 706 FOREST
 CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)