FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 SEP -9 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name
G73599
CAPTAIN DUKES BOAT SERVICE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Destin Fishing Fleet
Suite, Apt. #, etc.
CAPTAIN DUKES BLDG I
City & State
Destin, FL
Zip 32541 Country USA

3. Mailing Address
PO Box 5095
Suite, Apt. #, etc.
City & State
Destin, FL
Zip 32540 Country USA

DO NOT WRITE IN THIS SPACE
8/20/02 01011 018 #577.50

4. FEI Number
59-2353617
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Scott E. Robinson
Street Address (P.O. Box Number is Not Acceptable)
706 Forest Drive
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 necessary)
9-4-02
DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Scott E. Robinson 706 Forest Dr. Destin, FL 32540	TITLE NAME STREET ADDRESS CITY ST ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
9-4-02
Date
Daytime Phone #