

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J 37446

1. Entity Name

Finest Kind Charters, Inc.

Principal Place of Business

Mailing Address

Mexico Beach, FL

402 7th St.  
PO Box 13389  
Mexico Beach, FL 32410

2. Principal Place of Business

402 7th Street

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 13389

Suite, Apt. #, etc.

City & State

Mexico Beach, FL

City & State

Mexico Beach, FL

Zip

32410

Country

USA

Zip

32410

Country

USA

4. FEI Number

58-1727096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

A0084153

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Doyle F. Gaylor, Jr.  
402 7th Street  
P. O. Box 13389  
Mexico Beach, FL 32410

7. Name and Address of New Registered Agent

Name: Thomas S. Gibson  
Street Address (P.O. Box Number is Not Acceptable):  
206 E. Fourth St.  
P.O. Box 39  
City: Port St. Joe FL Zip Code: 32457

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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

(Thomas S. Gibson)

9/5/1

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

☒

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Doyle F. GAYLOR SR <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Doyle F. GAYLOR 5535 DEARBORN AVE Columbus, Georgia 31909 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy. Frances D. GAYLOR 5535 DEARBORN AVE Columbus, GA 31909 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice president Charles E. Guilford 110 N. 39th Street PO Box 13335 Mexico Beach, FL 32410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

Doyle F. Gaylor Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/01 706.563.2267

Date

Daytime Phone #

CR2E034 (11/00)