

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90269 031 \*\*\*150.00

**DOCUMENT # J38937**

1. Entity Name

**TARPON BAY GROUP, INC.**

Principal Place of Business

% JAMES T. HUMPHREY  
 1625 HENDRY STREET SUITE 301  
 FORT MYERS FL 33901

Mailing Address

% JAMES T. HUMPHREY  
 1625 HENDRY STREET SUITE 301  
 FORT MYERS FL 33901

2. Principal Place of Business

% JAMES T. Humphrey  
 Suite, Apt. #, etc.  
 2201 Second ST

3. Mailing Address

% JAMES T. Humphrey  
 Suite, Apt. #, etc.  
 2201 Second St.

City & State

FORT MYERS, FL 33901

City & State

FORT MYERS, FL

Zip

33901

Country

LEE

Zip

33901

Country

LEE

4. FEI Number

59-2731753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HUMPHREY, JAMES T.  
 1625 HENDRY STREET  
 SUITE 301  
 FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name: Humphrey, JAMES T.  
 Street Address (P.O. Box Number is Not Acceptable)  
 2201 Second ST  
 5th Floor  
 City: FORT MYERS FL Zip Code: 33901

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]*  
 Signature typed or printed name of registered agent and title if applicable.

JAMES T. Humphrey

4-30-02  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	HUMPHREY, JAMES T.	
STREET ADDRESS	1625 HENDRY STREET #301	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GRADY, BEVERLY MYERS	
STREET ADDRESS	1276 OSCEOLA	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROEDER, MICHAEL	
STREET ADDRESS	2929 BONITA STREET	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Humphrey, JAMES T	
STREET ADDRESS	2201 Second ST	
CITY-ST-ZIP	FT MYERS, FL 33901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES T. Humphrey 4-30-02 334-9278  
 Date Daytime Phone #

CR2E034 (9/01)