

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J66697

1. Entity Name
CAPTAIN E. BAY HANSEN, INC.

Principal Place of Business
% E. BAY HANSEN
251 S.E. TAIT TERR.
PORT CHARLOTTE FL 33952-9146

Mailing Address
% E. BAY HANSEN
251 S.E. TAIT TERR.
PORT CHARLOTTE FL 33952-9146

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State		City & State		4. FEI Number	59-2795817	Applied For Not Applicable
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Zip	Country	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

HANSEN, E. BAY
251 SE TATE TERRACE
PORT CHARLOTTE FL

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.

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)	<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	<input type="checkbox"/> 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		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSEN, E. BAY 251 S.E. TAIT TERR. PORT CHARLOTTE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

E. Bay Hansen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90074 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Date Daytime Phone #