2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

% E. BAY HANSEN

J66697 DOCUMENT

1. Entity Name

Principal Place of Business

% E. BAY HANSEN

CAPTAIN E. BAY HANSEN, INC.



FILED Mar 07, 2003 8:00 am & Secretary of State

03-07-2003 90109 028 ***150.00

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251 S.E. TAIT TERR. PORT CHARLOTTE FL 33952-9146				251 S.E. TAIT TERR. PORT CHARLOTTE FL 33952-9146								
2. Principal Place of Business 1750 New Street				3. Mailing Address 1750 New Street						()		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Sta	Port,	FL		City & State North Port, FL			4. 1	FEI Number 59-2795817	<u> </u>	\rightarrow	pplied For	
Zip Country 34286 USA			Zip			ountry USA		Certificate of Status Desired		\$8.75 Ad		
	6. Name	and Address of Curre	ent Register	ed Agent			 7N	Name and Address of New Regis			, u	
HANSEN, E. BAY						Name HAN:	SEN	, E. BAY		<u> </u>		
251 SE T.	ATE TERRAC	DE .				Street Address 175	(P.O. B N e	ox Number is Not Acceptable)				
PORT CH	iarlotte fl	•						Port, FL 34286.				
O The sheet						City			FL	Zip Cod		
the obligat	e named entity tions of registe	submits this statemen ered agent.	t for the purp	cose of changing its	registered	office or registe	ered age	ent, or both, in the State of Florida	. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed o	or printed name of registered ag	ent and title if app	plicable. (NOTE	: Registered A	gent signature require	d when rei	instating)	DATE			
		FEE IS \$150.00		B 100 100 100 100 100 100 100 100 100 10				9. Election Campaign Financi		AF 6		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of								Trust Fund Contribution.		Added	May Be to Fees	
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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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. BAY HANSEN

Date

Daytime Phone #