

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90214 027 ***150.00

DOCUMENT # L07359

1. Entity Name
MOTOR VESSEL CAPTAIN BOB, INC.



Principal Place of Business
**1624 GROUPE AVE
PORT ST JOE FL 32456**

Mailing Address
**PO BOX 309
PORT ST JOE FL 32456**



2. Principal Place of Business

3. Mailing Address
P.O. BOX 309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PORT ST. JOE, FLORIDA

4. FEI Number **59-3060247**

Applied For
Not Applicable

Zip

Country

Zip

Country

32457

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAFFIELD, EUGENE
1624 GROUPE AVENUE
PORT ST JOE FL FL 32456**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete RAFFIELD, CARL EUGENE SR. CANAL ST HIGHLAND VIEW PORT ST JOE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAFFIELD, EUGENE CANAL DRIVE HIGHLAND VIEW PORT SAINT JOE FL 32456	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE RAFFIELD

01/31/03

(850) 229-8229

Date

Daytime Phone #

CR2E034 (10/02)