NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 23649*

1. Entity Name

PIRATES COVE INLET II, INC.

DO NOT WRITE IN THIS SPACE

94076522

2. Principal Place of Business

206 CAIN RD
Suite, Apt. #, etc.

3. Mailing Address

206 CAIN RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State		
PANAMA CITY BEACH, FL	*PANAMA CITY BCH, FL*	**4.** FEI Number *59-2059509*	Applied For / Not Applicable
Zip *32413* Country *USA*	Zip *32413* Country *USA*	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *BOBBY C GAYLOR*

Street Address (P.O. Box Number is Not Acceptable)

206 CAIN RD

City *PANAMA CITY BCH*   FL   Zip Code *32413*

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 *Bobby C Gaylor*   Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   *4-24-04*   DATE

FEE IS $61.25 Initial or Amended UBR	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	*P/D*		TITLE	
NAME	*GAYLOR, BOBBY C*		NAME	
STREET ADDRESS	*206 CAIN RD 32413*		STREET ADDRESS	
CITY-ST-ZIP	*PANAMA CITY BCH, FL*		CITY-ST-ZIP	
TITLE	*VP/D*		TITLE	
NAME	*TAYLOR, KATE*		NAME	
STREET ADDRESS	*201 CAIN RD 32413*		STREET ADDRESS	
CITY-ST-ZIP	*PANAMA CITY BEACH, FL*		CITY-ST-ZIP	
TITLE	*S/D*		TITLE	
NAME	*GAYLOR, BARBARA*		NAME	
STREET ADDRESS	*206 CAIN RD 32413*		STREET ADDRESS	
CITY-ST-ZIP	*PANAMA CITY BCH, FL*		CITY-ST-ZIP	
TITLE			TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	DO NOT WRITE IN THIS SPACE
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bobby C Gaylor*   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   *4-24-04* Date   *850 863-1025* Daytime Phone #

CR2E037B (12/02)