

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90228 036 *****61.25

DOCUMENT # N23649

1. Entity Name

PIRATES COVE INLET II, INC.



Principal Place of Business

**203 CAIN RD.
PANAMA CITY BEACH FL 32413**

Mailing Address

**203 CAIN RD.
PANAMA CITY BEACH FL 32413**

2. Principal Place of Business

206 CAIN RD.
Suite, Apt. #, etc.

3. Mailing Address

206 CAIN RD
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

PANAMA CITY BEACH, FL
Zip Country
32413 USA

City & State

PANAMA CITY BEACH, FL
Zip Country
32413 USA

4. FEI Number **59-2959509**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUEHMANN, DOROTHEA
203 CAIN ROAD
PANAMA CITY FL 32413**

7. Name and Address of New Registered Agent

Name
BOBBY C GAYLOR
Street Address (P.O. Box Number is Not Acceptable)
206 CAIN RD

City
PANAMA CITY BEACH, 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)

DATE

04-23-03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MD	<input type="checkbox"/> Delete
NAME	GAYLOR, BARBARA	
STREET ADDRESS	508 DONNA AVE	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GAYLOR, BOBBY	
STREET ADDRESS	508 DONNA AVENUE	
CITY-ST-ZIP	FORT WALTON BCH. FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RUEHMANN, DOROTHEA	
STREET ADDRESS	203 CAIN RD	
CITY-ST-ZIP	PANAMA CITY 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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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 617, 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 *Bobby C Gaylor* **BOBBY C GAYLOR** **04-23-03**

850-330-7804

CR2E037 (10/02)