

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90321 035 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000004815

1. Entity Name
BUCCANEER BREW CREW, INC.

Principal Place of Business Mailing Address
206 WILD OAK DRIVE
BRANDON FL 33511

2. Principal Place of Business 3. Mailing Address
206 WILD OAK DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BRANDON, FL
 Zip Country Zip Country
33511 Hillsborough

4. FEI Number 59-3566037 Applied For Not Applicable
 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
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City Zip Code **FL**

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWITZER, WALTER		NAME	SWITZER, WALTER	
STREET ADDRESS	12719 FOREST ST.		STREET ADDRESS	12719 FOREST ST.	
CITY-ST-ZIP	TAMPA FL 33612		CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHISM, JIM		NAME	WILLIAMS, SCOTT	
STREET ADDRESS	206 WILD OAK DRIVE		STREET ADDRESS	3017 WILTON LN	
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP	VALRICO, FL 33594	SS# 267-69-2775
TITLE	D	<input type="checkbox"/> Delete	TITLE	MANAGING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ALAN		NAME	MATHIS, TY	
STREET ADDRESS	206 WILD OAK DRIVE		STREET ADDRESS	3415 PINE TRACE CIR	
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, WILLIAM R		NAME		
STREET ADDRESS	206 WILD OAK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYES, THOMAS L JR		NAME		
STREET ADDRESS	1906 MEADOWRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCURROY, THOMAS		NAME	MCCURROY, THOMAS	
STREET ADDRESS	206 WILD OAK DR		STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		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: *William R Steele* 4/26/02 813-684-3112
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)