

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006394

1. Entity Name

TIDE EYED CHARTERS, INC.

Principal Place of Business

810B SOUTHEAST 14TH COURT  
FORT LAUDERDALE FL 33316

Mailing Address

810B SOUTHEAST 14TH COURT  
FORT LAUDERDALE FL 33316

2. Principal Place of Business

145 JO SEAN WAY

3. Mailing Address

145 JO SEAN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tavernier FL

City & State

Tavernier FL

Zip

33070

Country

USA

Zip

33070

Country

USA

4. FEI Number

65-0975302

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERSON, SCOTT D  
810B SOUTHEAST 14TH COURT  
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name Scott D. Roberson

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

145 JO SEAN WAY

City Tavernier

FL

Zip Code

33070

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

*Scott D. Roberson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROBERSON, SCOTT D  
STREET ADDRESS 810B SOUTHEAST 14TH COURT  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

☐ Delete

TITLE VPD  
NAME ROBERSON, KATHLEEN  
STREET ADDRESS 810B SOUTHEAST 14TH COURT  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Scott D. Roberson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

305-394-1807

Daytime Phone #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90010 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0260293

CR2E034 (10/00)