

2001 UNIFORM BUSINESS REPORT (UBR)

3

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-06-2001 90018 038 ***150.00

DOCUMENT # P00000017431

1. Entity Name

BAY RUNNER TOURS, INC.

Principal Place of Business

Mailing Address

556 SANDY LANE
 PANAMA CITY BEACH FL 32413

556 SANDY LANE
 PANAMA CITY BEACH FL 32413

32698

2. Principal Place of Business

~~SUN HARBOUR MARINA~~
 Suite, Apt. #, etc.
~~5505 SUN HARBOUR ROAD~~

3. Mailing Address

~~BRIAN J WILLIAMS~~
 Suite, Apt. #, etc.
~~556 SANDY LANE~~



DO NOT WRITE IN THIS SPACE

City & State

~~PANAMA CITY, FLORIDA~~

City & State

~~PANAMA CITY BEACH, FL~~

4. FEI Number

59 3626909

Applied For

Not Applicable

Zip

~~32401~~

Country

~~FLA~~

Zip

~~32413~~

Country

~~FLA~~

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

WILLIAMS, BRIAN J.
 556 SANDY LANE
 PANAMA CITY BEACH FL 32413

~~BRIAN J WILLIAMS~~

~~556 SANDY LN~~

~~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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER BRIAN WILLIAMS 556 SANDY LN P.C.B FL 32413	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Bj Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

860 236 0669

Daytime Phone #

CR2E034 (10/00)