2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90089 003 ***158.75

DOCUMENT # P00000020996

1. Entity Name
BLACK'S ISLAND OUTFITTERS, INC.

Principal Place of Business	Mailing Address
~~301 MONUMENT AVE.~~	~~301 MONUMENT AVE.~~
PORT ST. JOE FL 32456	PORT ST. JOE FL 32456

2. Principal Place of Business	3. Mailing Address
PORT SAINT JOE MARINA	PORT SAINT JOE MARINA
Suite, Apt. #, etc. 340 WEST FIRST STREET	Suite, Apt. #, etc. 340 WEST FIRST STREET
City & State	City & State
Zip / Country U.S.A.	Zip / Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3625605 — 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
~~COSTIN, CHARLES~~	Name THOMAS S. GIBSON
~~413 WILLIAMS AVE.~~	Street Address (P.O. Box Number is Not Acceptable) 206 EAST FOURTH STREET
~~PORT ST. JOE FL 32456~~	City PORT SAINT JOE, FL Zip Code 32456

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 THOMAS S. GIBSON APRIL 28, 2002
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, 2002 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	VD ☒ Delete	TITLE	DPS ☒ Change ☐ Addition
NAME	KORAN, WILLIAM	NAME	GARY L. HITES
STREET ADDRESS	301 MONUMENT AVE.	STREET ADDRESS	710 GULF AIRE DRIVE
CITY-ST-ZIP	PORT ST. JOE FL 32456	CITY-ST-ZIP	PORT SAINT JOE, FLORIDA 32456
TITLE	PSTD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BUSH, JANNA N	NAME	
STREET ADDRESS	301 MONOMENT AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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: Mary L. Hites 4/28/2002 850-227-1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #