

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043174

1. Entity Name

HIGH TIDE CHARTERS, INC.

Principal Place of Business

1210 SINCLAIR HILLS ROAD
LUTZ DL 33549

Mailing Address

1210 SINCLAIR HILLS ROAD
LUTZ DL 33549

CHANGE OF ADDRESS

2. Principal Place of Business

3. Mailing Address

4100 RIVER COUNTRY

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL.

City & State

TAMPA FL.

4. EFL Number

59-3644090

Applied For

Not Applicable

Zip

33614

Country

HILLS.

Zip

HILLS.

Country

HILLS.

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

SAME

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

City

FL

Zip Code

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.

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**\$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
PSTD
PAIGE, ROBERT E
1210 SINCLAIR HILLS ROAD
LUTZ DL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Robert Paige Presr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90100 043 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)