

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90110 047 ***150.00

DOCUMENT # P00000095413

1. Entity Name
BUCCANEER COMMUNICATIONS, INC.



Principal Place of Business
**8440 ULMERTON RD.. #530
LARGO FL 33771**

Mailing Address
**8440 ULMERTON RD.. #530
LARGO FL 33771**

2. Principal Place of Business
**10882 92nd ST N.
Suite, Apt. #, etc.**

3. Mailing Address
**10882 92nd ST N.
Suite, Apt. #, etc.**

City & State
Largo, FL
Zip
33777 Country
Pinellas

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4. FEI Number **65-1044192**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TYRE, ASHLEY
10882 92ND STREET NORTH
LARGO FL 33777**

7. Name and Address of New Registered Agent

Name
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ashley Tyre*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/10/03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | TYRE, ASHLEY | |
| STREET ADDRESS | 10882 92ND ST. NORTH | |
| CITY-ST-ZIP | LARGO FL 33777 | |
| TITLE | CPD | <input checked="" type="checkbox"/> Delete |
| NAME | COOPER, DWAYNE | |
| STREET ADDRESS | 10494 109TH ST. NORTH, #1226 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32701 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | COLOMBI, JAMES | |
| STREET ADDRESS | 11405 7TH STREET EAST | |
| CITY-ST-ZIP | TREASURE ISLAND FL 33706 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | TYRE, ASHLEY | |
| STREET ADDRESS | 10882 92ND STREET NORTH | |
| CITY-ST-ZIP | LARGO FL 33777 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)