

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096101

1. Entity Name

BANDIT AIRBOATS INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90014 002 ***150.00

Principal Place of Business

1312 NORTH CIRCLE DR
CRYSTAL RIVER FL 34429

Mailing Address

1312 NORTH CIRCLE DR
CRYSTAL RIVER FL 34429

2. Principal Place of Business

3484 #A E Hartley Ct
Suite, Apt. #, etc.

3. Mailing Address

1312 North Circle Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hernando FL

City & State

Crystal River FL

4. FFL Number

59-3552259

Applied For

Not Applicable

Zip

34442

Country

USA

Zip

34429

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, TAMMIE R
1312 NORTH CIRCLE DR
CRYSTAL RIVER FL 34429

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.

SIGNATURE

Signature typed or printed name of registered agent and/or applicable

(NOTE: Registered agent signature required when reinstating)

DATE

April 24 2001

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

TITLE PD
NAME PALMER, TAMMIE R
STREET ADDRESS 1312 NORTH CIRCLE DR
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE STD
NAME PALMER, THOMAS M
STREET ADDRESS 1312 NORTH CIRCLE DR
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Secretary

Signature: [Signature] President April 24 2001
352-344-9944

CR2E034 (10/00)

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