

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90251 040 ***150.00

DOCUMENT # P00000108191

1. Entity Name
BUCCANEER DOCKS CORPORATION



Principal Place of Business
12020 6TH STREET E
TREASURE ISLAND FL 33706
US

Mailing Address
12020 6TH STREET E
TREASURE ISLAND FL 33706
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-2036090**

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

LUCORE, CODY
810 BAY POINT DR
MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent

Name

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

12020 6TH ST. E.

City

TREASURE ISLAND

FL

Zip Code

33706

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KETTLES, CLAYTON**
STREET ADDRESS **2401 17TH ST S**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

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

TITLE **VD** ☐ Delete
NAME **LUCORE, CODY**
STREET ADDRESS **810 BAY POINT DR**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

☒ Change ☐ Addition
TITLE
NAME **12020 6TH ST. E.**
STREET ADDRESS **TREASURE ISLAND, FL. 33706**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **LUCORE, MARY M**
STREET ADDRESS **810 BAY POINT DR**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

☐ Change ☐ Addition
TITLE
NAME **12020 6TH ST. E.**
STREET ADDRESS **TREASURE ISLAND, FL. 33706**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 *Mary M. Lucore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY M. LUCORE

4-21-03 127-395-0100
Date Daytime Phone #

CR2E034 (10/02)