

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90155 044 \*\*\*150.00

**DOCUMENT # P01000013260**

1. Entity Name

**BOAT SITTERS INC.**

Principal Place of Business

**1407 SE 24 AVE UNIT 3  
 CAPE CORAL FL 33990**

Mailing Address

**1407 SE 24 AVE UNIT 3  
 CAPE CORAL FL 33990**

2. Principal Place of Business

**27636 FRANKLIN ST.**

3. Mailing Address

**27636 FRANKLIN ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BONITA Springs, FL**

City & State

**BONITA Springs, FL**

Zip

Country

**34134 USA**

Zip

Country

**34134 USA**

4. FEI Number

**65-1089167**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LOGSDON, MARY K**

**1407 SE 24 AVE UNIT 3  
 CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name

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

**27636 FRANKLIN ST.**

City

**BONITA Springs**

**FL**

Zip Code

**34134**

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 **Mary Logsdon - MARY LOGSDON**

**1/15/02**

Signature, type 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

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>LOGSDON, WILLIAM L</b>    |                                 |
| STREET ADDRESS | <b>1407 SE 24 AVE UNIT 3</b> |                                 |
| CITY-ST-ZIP    | <b>CAPE CORAL FL 33990</b>   |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>BALLING, KEITH R</b>      |                                 |
| STREET ADDRESS | <b>2711 SW FIRST AVE</b>     |                                 |
| CITY-ST-ZIP    | <b>CAPE CORAL FL 33914</b>   |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | <b>27636 FRANKLIN ST.</b>  |
| CITY-ST-ZIP    | <b>BONITA Springs, FL 34134</b>  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | <b>24181 STamiami Trl</b>  |
| CITY-ST-ZIP    | <b>Bonita Springs FL 34134</b>   |
| 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    |  |

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: **K. R. Balling**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-02 941-495-5168**  
 Date Daytime Phone #

CR2E034 (9/01)