

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 AUG -7 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000019209**

1. Entity Name

Shallow Water Outfitters, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

217 Walton Way

Suite, Apt. #, etc.

3. Mailing Address

217 Walton Way

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

4. FEI Number

59-3753974

Applied For

Not Applicable

Zip

32550

Country

Zip

32550

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Scott Whitehead Esq. / Ultimate Whitehead

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

4507 Fulling Ln Ste 209

City

Destin

FL

Zip Code

32541

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.23

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	President
NAME	Michael Lee Henderson
STREET ADDRESS	217 Walton Way
CITY-ST-ZIP	Destin, FL 32550
TITLE	Secretary
NAME	Allison B Henderson
STREET ADDRESS	217 Walton Way
CITY-ST-ZIP	Destin, FL 32550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Lee Henderson Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment
DO NOT DETACH!

202

55053143

PO1000019209

Shallow Water Outfitters, Inc.
217 Walton Way
Destin, FL 32550

Date: June 12, 2003

Florida Department of State
PO Box 6327
Tallahassee, FL 322314-

Re: Shallow Water Outfitters, Inc.
Tax ID# 59-3753974

To Whom It May Concern:

I am forwarding a check for \$150.00 for the renewal of my corporate filing. I did not receive my renewal notice possibly because of an address change. My new mailing address is:

Shallow Water Outfitters, Inc.
Attn: Michael L. Henderson
217 Walton Way
Destin, FL 32550

Please complete the renewal process and forward to above address. Call 850-654-9696 for any questions or concerns.

Sincerely,



Michael L. Henderson
(President)