

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90196 023 \*\*\*150.00

DOCUMENT # P01000057835

1. Entity Name

WILD BILL'S DRY STORAGE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
57478 OVERSEAS HWY

3. Mailing Address  
57478 OVERSEAS HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
GRASSY KEY FL

City & State  
GRASSY KEY FL

4. FEI Number 030383145

Applied For

Not Applicable

Zip  
33050

Country  
USA

Zip  
33050

Country  
USA

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

**7. Name and Address of Registered Agent**

Name A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City MIAMI

FL

Zip Code  
33131

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

*Paul Smith* Paul Smith Vice President

04-02-03

Signature, typed 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIRECTOR  
TURNER, LINDA C  
57478 OVERSEAS HWY  
GRASSY KEY FL 33050

TITLE  
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CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE:

*Linda C Turner*

LINDA C TURNER, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03 305-289-0811

Date

Daytime Phone #

CR2E0348 (12/01)