May 27, 2002 8:00 am
Secretary of State
05-27-2002 90425 008 ***150.00

1

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075111

670543

1. Entity Name

HUGHY'S KAYAK RENTAL AND TOURS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12507 Cortez Road W	~~12507 Cortez Road W~~
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 115
City & State: Cortez, Florida	City & State: Cortez, Florida
Zip: 34215 Country: USA	Zip: 34215 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1125406 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gary A. Hughes

Street Address (P.O. Box Number is Not Acceptable): 12507 Cortez Road W.

City: Cortez FL Zip Code: 34215

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
If 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	P, S, T /Director
NAME	Gary A. Hughes
STREET ADDRESS	12507 Cortez Road W
CITY-ST-ZIP	Cortez, Florida 34215
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: _____ 941/321-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #