

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90134 007 \*\*\*150.00

**DOCUMENT # P01000112643**

1. Entity Name

**✓**  
**PYRATES OF TORTUGA, INC.**

Principal Place of Business

**455 89TH STREET OCEAN  
 MARATHON FL 33050**

Mailing Address

**455 89TH STREET OCEAN  
 MARATHON FL 33050**

2. Principal Place of Business

**57530 Morton St.  
 Suite, Apt. #, etc.  
 Unit B**

3. Mailing Address

**P.O. Box 523381  
 Suite, Apt. #, etc.**

City & State

**Marathon FL**

City & State

**Marathon St., FL**

Zip

**33050**

Country

**U.S.A.**

Zip

**33052**

Country

**U.S.A.**

4. FEI Number

**38-3640996**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PRIEST, CHARLES M  
 455 89TH STREET OCEAN  
 MARATHON FL 33050**

7. Name and Address of New Registered Agent

**Name: Charles M. Priest  
 Street Address (P.O. Box Number is Not Acceptable): 57530 Morton St, Unit B  
 City: Marathon FL Zip Code: 33050**

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

**Charles M. Priest (Pres.)**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/2002**

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	PD	<input type="checkbox"/> Delete
NAME	<b>PRIEST, CHARLES M</b>	
STREET ADDRESS	<b>455 89TH STREET OCEAN</b>	
CITY-ST-ZIP	<b>MARATHON FL 33050</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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Charles M. Priest</b>	
STREET ADDRESS	<b>57530 Morton St. Unit B</b>	
CITY-ST-ZIP	<b>Marathon, FL 33050</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		
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:

**Charles M. Priest**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Charles M. Priest 4/27/2002 905-731-0137**

CR2E034 (9/01)