

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-08-2002 90134 007 ***150.00

0005959 AT

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



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

38-3640996

Applied For

Not Applicable

Zip

33050

Country

U.S.A.

Zip

33052

Country

U.S.A.

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 *X*
Signature, typed or printed name of registered agent and title if applicable.

Charles M. Priest (Pres.) 4/27/2002
(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 NAME STREET ADDRESS CITY-ST-ZIP	PD PRIEST, CHARLES M 455 89TH STREET OCEAN MARATHON FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Charles M. Priest 57530 Morton St. Unit B Marathon, FL 33050	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X Charles M. Priest* **Charles M. Priest** 4/27/2002 905-731-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0137**

CR2E034 (9/01)