

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2003 8:00 am**  
**Secretary of State**

08-28-2003 90070 046 \*\*\*150.00

DOCUMENT # P02000121285

1. Entity Name  
**BAJO' MERMAID TAILS, INC.**



Principal Place of Business  
**1473 BRIGADIER DRIVE  
SPRING HILL FL 34608**

Mailing Address  
~~1473 BRIGADIER DRIVE~~  
~~SPRING HILL FL 34608~~



2. Principal Place of Business

**1473 BRIGADIER DR**

3. Mailing Address

**11186 Spring Hill DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#184**

City & State

**Spring Hill FL**

City & State

**Spring Hill FL**

Zip

**34608**

Country

**USA**

Zip

**34609**

Country

**USA**

4. FEI Number

**13-4238945**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LUCKIE, CHARLIE JR.  
105 NORTH MAIN STREET  
BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent

Name  
**BARBARA L. WYNNS**  
Street Address (P.O. Box Number is Not Acceptable)  
**11186 SPRING HILL DRIVE  
#184**  
City  
**SPRING HILL FL** Zip Code  
**34609**

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 **BARBARA L. WYNNS PRESIDENT** *Barbara S. Wynns* 8/25/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/03 352 596-1739  
Date Daytime Phone #

CR2E034 (4/03)

Attachment  
80141855  
PO2000121285

August 19, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

We are writing to request that the \$400 penalty be abated. Our registered agent failed to notify us of the filing requirement for the Uniform Business Report. The report was not received in time to meet the filing deadline.

We have replaced the registered agent with an officer of the corporation. We have also changed the mailing address of the corporation.

Enclosed is a check for \$150 in payment of the annual fee along with the completed UBR for 2003.

Thank you.

Sincerely yours,

Barbara L. Wynns  
President  
BaJo' Mermaid Tails, Inc.