

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90029 034 ***150.00

DOCUMENT # P93000026907

1. Entity Name
CAPT'N BILL'S CHARTERS, INC.

Principal Place of Business

P O BOX 353292
 PALM COAST FL 32135

Mailing Address

P O BOX 353292
 PALM COAST FL 32135

2. Principal Place of Business

20 ENTERPRISE DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bunnell FL

Zip

32110

Country

USA

City & State

Zip

Country

4. FEI Number

59-3181768

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACHESON, WILLIAM G. JR.
154 LARAMIE DRIVE
DUNES EAST PLAZA
PALM COAST FL 32137

Name

Acheson, William G Jr.

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

154 LARAMIE DR.

City

PALM COAST

FL

Zip Code

32137

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ACHESON, WILLIAM G. JR.	
STREET ADDRESS	154 LARAMIE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ACHESON, RICHARD P.	
STREET ADDRESS	154 LARAMIE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: William G Acheson Jr 3/13/01 3864459175
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)