


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0480661 AV

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| DOCUMENT # P94000078260 1. Entity Name BUCCANEER REAL ESTATE, INC. |  |
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FILED
04 MAY -5 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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|--|--|
| Principal Place of Business 3100 66TH ST. N. SUITE A ST PETERSBURG FL 33710 US | Mailing Address 3100 66TH ST. N. SUITE A ST PETERSBURG FL 33710 US |
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| 2. Principal Place of Business 3020 49th St N. Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| City & State St. Petersburg, FL | City & State |
|---|--------------|

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|---------------------|----------------------------|-----|---------|
| Zip 33710 | Country Pine Ula | Zip | Country |
|---------------------|----------------------------|-----|---------|

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| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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CHECK HERE IF MAKING CHANGES

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| 6. Name and Address of Current Registered Agent WATANABE, WILLIAM M. 10098 LINDEN PLACE SEMINOLE FL 34646 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 William M. Watanabe DATE 4/27/04

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

FILE NOW!!! FEE IS \$150.00
~~After May 1, 2003 Fee will be \$550.00~~
Make Check Payable to Florida Department of State

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|---|-------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS <input type="checkbox"/> Delete CRAIG, MICHEAL 3800 9TH ST. LN. NORTH ST. PETERSBURG FL 33708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT <input type="checkbox"/> Delete WATANABE, WILLIAM 10098 LINDEN PLACE SEMINOLE FL |
| 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 700036277947 05/13/04--01080--016 **150.00 |
| 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: William M. Watanabe **REQUIRED** DATE: 4/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)