

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90160 025 ***150.00

DOCUMENT # P95000096550

1. Entity Name
GYPSY CHARTERS, INC.



Principal Place of Business
**CLEARWATER MUNICIPAL MARINA
SLIP 38
CLEARWATER FL 33767**

Mailing Address
**1840 PALMCREST LN
CLEARWATER FL 33764**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3349505**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HYLTON, PAULINE
1664 PARKSIDE DRIVE
CLEARWATER FL 34616**

7. Name and Address of New Registered Agent

Name **HYLTON Pauline**

Street Address (P.O. Box Number is Not Acceptable)
1840 Palmcrest Ln

City **Clearwater**

FL Zip Code **33764**

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 **Address change**

SIGNATURE

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HYLTON, THOMAS L**
STREET ADDRESS **1664 PARKSIDE DRIVE**
CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE **VPST** ☐ Delete
NAME **HYLTON, PAULINE**
STREET ADDRESS **1664 PARKSIDE DRIVE**
CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **HYLTON Thomas L**
STREET ADDRESS **1840 PALMCREST LN.**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **VPST** ☒ Change ☐ Addition
NAME **HYLTON, Pauline**
STREET ADDRESS **1840 Palmcrest Ln**
CITY-ST-ZIP **Clearwater FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Thomas L Hylton

Date

5/1/03

Daytime Phone #

727 461 4882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/12030303