

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060021

1. Entity Name

Walkabout Charters, Inc.

Principal Place of Business
2202 N. Westshore Blvd.
5th Floor
Tampa, FL 33607

Mailing Address
2202 N. Westshore Blvd.
5th Floor
Tampa, FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3456732

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

Joseph J. Kadow
2202 N. Westshore Blvd., 5th Floor
Tampa, FL 33607

Name

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

City

FL

Zip Code

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	Gannon, J. Timothy	
STREET ADDRESS	550 N. Reo Street	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	Gannon, Peter	
STREET ADDRESS	550 N. Reo Street	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Farrell, M. Timothy	
STREET ADDRESS	550 North Reo Street	
CITY-ST-ZIP	Tampa, FL 33627	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2202 N. Westshore Blvd., 5th Fl	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2202 N. Westshore Blvd., 5th Fl	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	FRANK MARINARO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIL GROUP	
STREET ADDRESS	2202 N. Westshore Blvd., 5th Fl	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	500004190685	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-05/03/01--01065--005	
STREET ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 APR 24 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)