

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90146 035 ***150.00

DOCUMENT # P97000060021

1. Entity Name
WALKABOUT CHARTERS, INC.



Principal Place of Business
**2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

Mailing Address
**2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

2. Principal Place of Business
11924 W. FOREST HILL BLVD

3. Mailing Address **BLVD.**
11924 W. FOREST HILL

Suite, Apt. #, etc.
SUITE 22-349

Suite, Apt. #, etc.
SUITE 22-349

City & State
WELLINGTON FL

City & State
WELLINGTON FL

Zip
33414

Country
USA

Zip
33414

Country
USA

4. FEI Number **59-3456732**

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

KADOW, JOSEPH J
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name **JOHN TIMOTHY GANNON**
Street Address (P.O. Box Number is Not Acceptable)
11924 W. FOREST HILL BLVD
SUITE 22-BOX 349
City **WELLINGTON FL** Zip Code **33414**

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 **John J. Gannon**

3.20.03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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	D <input type="checkbox"/> Delete
NAME	GANNON, JOHN TIMOTHY
STREET ADDRESS	2202 NORTH WESTSHORE BLVD., 5TH FLOOR
CITY-ST-ZIP	TAMPA FL 33607
TITLE	D <input type="checkbox"/> Delete
NAME	GANNON, PETER
STREET ADDRESS	2202 NORTH WESTSHORE BLVD., 5TH FLOOR
CITY-ST-ZIP	TAMPA FL 33607
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 type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11924 W. FOREST HILL BLVD, STE 22-349
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11924 W. FOREST HILL BLVD, STE 22-349
CITY-ST-ZIP	WELLINGTON, FL 33414
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: **John J. Gannon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.20.03 561-795-4850

Date Daytime Phone #