

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070648

1. Entity Name

BROKE-A-TOE OUTDOOR SUPPLIES & SERVICES, INC.

Principal Place of Business

1151 CAPE SAN BLAS RD  
PORT ST JOE FL 32456

Mailing Address

P O BOX 486  
PORT ST JOE FL 32457

2. Principal Place of Business

9852 C-30

3. Mailing Address

P O Box 231

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Joe FL

City & State

APALACHICOLA, FL

Zip

32456

Country

USA

Zip

32320

Country

USA

6. Name and Address of Current Registered Agent

BROCATO, TOM  
1151 CAPE SAN BLAS RD  
PORT ST JOE FL 32456

7. Name and Address of New Registered Agent

Name

CHARLES PETE WILSON

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

9852 C-30

Port St Joe

FL

Zip Code  
32456

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

Charles P Wilson

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

(NOTE: Registered Agent signature required when reinstating)

1/30/01

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPVS  
BROCATO, TOM  
1151 CAPE SAN BLAS RD  
PORT ST JOE FL 32456 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BROCATO, TOM  
1151 CAPE SAN BLAS RD  
PORT ST JOE FL 32456 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
CHARLES PETE WILSON  
PO BOX 231  
APALACHICOLA, FL 32320 ☒ Change ☐ Addition

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

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

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

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

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

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 file empowered.

SIGNATURE:

Charles P Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

850 227-9534

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

C 735