

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093201

1. Entity Name

SKIPPER CHARTER SERVICES, INC.

**FILED**  
Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90054 033 \*\*\*150.00

Principal Place of Business 126 OCEANVIEW DRIVE TAVERNIER FL 33070		Mailing Address 126 OCEANVIEW DRIVE TAVERNIER FL 33070-0674	
2. Principal Place of Business 254 PUEBLO ST Suite, Apt. #, etc.		3. Mailing Address P.O. Box 674 Suite, Apt. #, etc.	
City & State TAVERNIER FL		City & State TAVERNIER FL	
Zip 33070	Country U.S.	Zip 33070	Country US
4. FEI Number 65-0790591		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BYRUM, WILLIAM D 126 OCEANVIEW DRIVE TAVERNIER FL 33070		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 254 PUEBLO ST City TAVERNIER FL Zip Code 33070	
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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.

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) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 Added

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRUM, WILLIAM D 126 OCEANVIEW DR. TAVERNIER FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	254 PUEBLO ST TAVERNIER FL 33070 <input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

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 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 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 #

William D Byrum, Pres. 2/1/00 305-...