

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 05, 2000 8:00 am
Secretary of State

06-12-2000 90041 012 ***150.00

DOCUMENT # P97000099206 12

1. Entity Name

BAYWATCH Sportfishing Towers Inc

Principal Place of Business

3899 N W Street
Unit 41

Pensacola, FL 32505

Mailing Address

3899 N W Street
Unit 41

Pensacola, FL 32505

2. Principal Place of Business

3899 N W Street

Suite, Apt. #, etc.

41

City & State

Pensacola FL

Zip

32505

Country

Escambia

3. Mailing Address

3899 N W Street

Suite, Apt. #, etc.

41

City & State

Pensacola FL

Zip

32505

Country

Escambia

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3477497

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Barry, Timothy
4748 Pebble Creek Dr
Pensacola, FL 32526

7. Name and Address of New Registered Agent

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 Timothy J Barry

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, 2000 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	<u>President</u>	☐ Delete
NAME	<u>Barry, Timothy</u>	
STREET ADDRESS	<u>4748 Pebble Creek Dr</u>	
CITY-ST-ZIP	<u>Pensacola, FL 32526</u>	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

June 20, 2000

Date

Daytime Phone #

CR2E034 (9/99)