

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90346 028 \*\*\*150.00

**DOCUMENT # P97000099206**

1. Entity Name

**BAYWATCH SPORT FISHING TOWERS, INC.**

Principal Place of Business

**3899 NW STREET**

**#41**

**PENSACOLA FL 32505**

Mailing Address

**3899 NW STREET**

**#41**

**PENSACOLA FL 32505**

119571



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3985 North W Street**

Suite, Apt. #, etc.

**Unit 26**

City & State

**Pensacola FL**

Zip

**32505**

Country

**Esambia**

3. Mailing Address

**3985 North W Street**

Suite, Apt. #, etc.

**Unit 26**

City & State

**Pensacola FL**

Zip

**32505**

Country

**Esambia**

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 DRIVE**

**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

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, 2002 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 **P** ☐ Delete

NAME **BARRY, TIMOTHY**  
 STREET ADDRESS **4748 PEBBLE CREEK DRIVE**  
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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 REQUIRED Timothy J Barry**

Date

Daytime Phone #

CR2E034 (9/01)