

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-07-2002 90242 041 ***150.00

DOCUMENT # *P980000001103*

1. Entity Name

Blue Bay Outfitters INC ✓**DO NOT WRITE IN THIS SPACE**

33550

2. Principal Place of Business

34904 Emerald Coast Pkwy

3. Mailing Address

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Zip

32541

Country

Zip

Country

4. FEI Number

59-3723918

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *Alan Steele*

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

*4667 Windstarr Dr*City *Destin*

FL

Zip Code

32541

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

Alan Steele

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *Alan Steele President*
NAME *4667 Windstarr Dr*
STREET ADDRESS *Destin, FL 32541*
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Louise Steele Vice President*
NAME *Same as above*
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan Steele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

Date

850-650-6908

Daytime Phone #

CR2E034B (12/01)