

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91600 001 ***150.00

DOCUMENT # P98000080121

1. Entity Name
BUCCANEER ENTERPRISES OF PUNTA GORDA, INC.

Principal Place of Business **Mailing Address**
1407 SEAGULL CT **P.O. BOX 939**
PUNTA GORDA FL 33950 **PUNTA GORDA FL 33950**

2. Principal Place of Business **3. Mailing Address**
206 PEACE ISLAND DR **P.O. Box 510939**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
PUNTA GORDA FL **PUNTA GORDA FL**
Zip **Country** **Zip** **Country**
33950 **U.S.A.** **33951** **U.S.A.**

4. FEI Number **Applied For**
65-0861713 **Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STONE, JACK
1407 SEA GULL CT.
PUNTA GORDA FL 33950

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. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be Added to Fees**
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input checked="" type="checkbox"/> Delete	TITLE	P.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, DEBORAH		NAME	JOHN A. STONE	
STREET ADDRESS	1407 SEA GULL CT		STREET ADDRESS	206 PEACE ISLAND DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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** **JOHN A STONE** **4/18/02 (941) 661-0981**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESTON 51204** **Date** **Daytime Phone #**