

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # *P98000105347*

1. Entity Name

*PIRATES WATER TAXI
COMPANY, INC.*



03 MAR 20 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

WATER TAXI

Suite, Apt. #, etc. *ENBLOWOOD, FL*

3. Mailing Address

15358 BROADBRODIE CIRCLE

Suite, Apt. #, etc.

City & State

City & State

PT. CHARLOTTE, FL

Zip

Country

USA

Zip

33981

Country

USA

4. FEI Number

65-0881291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WILLIAM FRAZZETTA

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

15358 BROADBRODIE CIRCLE

City

PT. CHARLOTTE

FL

Zip Code

33981

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/22/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*WILLIAM FRAZZETTA - P
15358 BROADBRODIE CIRCLE
PT. CHARLOTTE, FL 33981*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*100014385621
03/20/03--01006--014 **300.00*

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] William Frazzetta

12/03 - 941-6923570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2/21