

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015043

1. Entity Name

GULF BREEZE KAYAKS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90017 043 ***150.00

Principal Place of Business

49-A GULF BREEZE PARKWAY
GULF BREEZE FL 32561

Mailing Address

49-A GULF BREEZE PARKWAY
GULF BREEZE FL 32561-4461

2. Principal Place of Business

49 Gulf Breeze Parkway

3. Mailing Address

362 Gulf Breeze Pkwy. PMB 332

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #332

City & State

Gulf Breeze, FL

City & State

Gulf Breeze FL

4. FEI Number

59-3559240

Applied For

Not Applicable

Zip
32561

Country
USA

Zip
32561

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KILGORE, JAMES C JR
49-A GULF BREEZE PARKWAY
GULF BREEZE FL 32561

Name

James C. Kilgore, Jr.

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

49 Gulf Breeze Parkway

City

Gulf Breeze

FL

Zip Code

32561

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

James C. Kilgore, Jr. - President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KILGORE, JAMES C JR
49-A GULF BREEZE PARKWAY
GULF BREEZE FL 32561 ☐ Delete

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

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☐ Change ☐ Addition

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:

James C. Kilgore, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
Date

850-916-9979
Daytime Phone #

CR2E034 (9/99)