

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91540 048 ***150.00

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DOCUMENT # P99000018797

1. Entity Name
BIG DEAL CHARTERS, INC

Principal Place of Business

6800 WATER STREET
NAVARRE FL 32566

Mailing Address

6800 WATER STREET
NAVARRE FL 32566

2. Principal Place of Business

1519 Lighthouse Ct
 Suite, Apt. #, etc.

3. Mailing Address

1519 Lighthouse Ct
 Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

City & State

GULF BREEZE, FL

Zip

32563

Country

USA

Zip

32563

Country

USA

4. FEI Number

59-3558282

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWELL, MARISA A
6800 WATER STREET
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name
William R. Sivley

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

1519 Lighthouse Ct

City
GULF BREEZE

FL

Zip Code

32563

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)

5/16/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST NEWELL, MARISA
6800 WATER ST
GULF BREEZE FL 32566

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
WILLIAM R. SIVLEY
1519 Lighthouse Ct
GULF BREEZE, FL 32563

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

WILLIAM R. SIVLEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/02 850-232-3325
 Date Daytime Phone #

CR2E034 (9/01)