

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90236 007 ***150.00

DOCUMENT # P99000027167

1. Entity Name
MEGA-BITE CHARTERS, INC.

Principal Place of Business

**4805 BAY HERON PLACE
 708
 TAMPA FL 33616**

Mailing Address

**4805 BAY HERON PLACE
 708
 TAMPA FL 33616**

2. Principal Place of Business

7315 S. Sparkman St.

Suite, Apt. #, etc.

3. Mailing Address

7315 S. Sparkman St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL.

City & State

TAMPA, FL.

4. FEI Number

59-3566874

Applied For

Not Applicable

Zip

33616

Country

USA

Zip

33616

Country

USA

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

6. Name and Address of Current Registered Agent

**RUBIN, ERNEST F
 4805 BAY HERON PLACE
 #708
 TAMPA FL 33616**

7. Name and Address of New Registered Agent

Name **Ernest Rubio**
 Street Address (P.O. Box Number is Not Acceptable)
7315 S. Sparkman St.
 City **Tampa** FL Zip Code **33616**

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. (See criteria on back) ☐

**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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **RUBIO, ERNEST**
 STREET ADDRESS **4805 BAY HERON PLACE #708**
 CITY-ST-ZIP **TAMPA FL 33616**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Rubio, Ernest F**
 STREET ADDRESS **7315 S. Sparkman St.**
 CITY-ST-ZIP **TAMPA, FL. 33616**

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

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

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

2-13-02

Date

813-835-6013

Daytime Phone #

CR2E034 (9/01)