

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032717

1. Entity Name

BAITRUNNER CHARTERS INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90030 027 ***150.00

Principal Place of Business

HAWKS CAY MARINA RESORT
M.M.#61
MARATHON FL 33050

Mailing Address

138 GULFWIND LN
MARATHON FL 33050

2. Principal Place of Business

3. Mailing Address

P.O. Box 500774

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Marathon, FL

4. FEI Number

65-0909415

Applied For

Not Applicable

Zip

Country

Zip

33050

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

GREENMAN, FRANKLIN D ESQ.
5800 OVERSEAS HWY.
MARATHON FL 33050

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 *Byron Farnes*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-10-01

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, 2001 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 ☐ Delete
NAME **D**
STREET ADDRESS **FARNES, BYRON LEE**
CITY-ST-ZIP **1060 52ND STREET, GULF**
MARATHON FL 33050

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Byron Farnes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

352-743-7548

Daytime Phone #

CR2E034 (10/00)

0491763