

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90324 007 ***150.00

DOCUMENT # P99000035261

1. Entity Name
PAPA PIRATE INCORPORATED

Principal Place of Business PIRATES LANDING TIMBER ISLAND RD. CARRABELLE FL 32322	Mailing Address P.O. BOX 1341 CARRABELLE FL 32322-1341
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59 35 856 72		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent SAUNDERS, A. CHRISTINA PIRATES LANDING TIMBER ISLAND RD. CARRABELLE FL 32322				7. Name and Address of New Registered Agent			
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 _____ (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, 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	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SAUNDERS, A. CHRISTINA			NAME	Timothy C Saunders Sr		
STREET ADDRESS	TIMBER ISLAND RD.			STREET ADDRESS	County Rd 376		
CITY-ST-ZIP	CARRABELLE FL 32322			CITY-ST-ZIP	Carrabelle Fl 32322		
TITLE		<input type="checkbox"/> Delete		TITLE	ST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	A. Christina Saunders		
STREET ADDRESS				STREET ADDRESS	County Rd. 376		
CITY-ST-ZIP				CITY-ST-ZIP	Carrabelle Fl 32322		
TITLE		<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Timothy C. Saunders Jr		
STREET ADDRESS				STREET ADDRESS	County Rd. 376		
CITY-ST-ZIP				CITY-ST-ZIP	Carrabelle Fl 32322		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: A. Christina Saunders **Christina Saunders** 4-28-00 850 697-2728
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)