

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035270

1. Entity Name

THE BUCCANEER SHRIMP BOAT, INCORPORATED

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

05-18-2000 90324 008 ***150.00

Principal Place of Business

Mailing Address

PIRATES LANDING
 TIMBER ISLAND RD.
 CARRABELLE FL 32322

PIRATES LANDING
 TIMBER ISLAND RD.
 CARRABELLE FL 32322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3574564

Applied For

Not Applicable

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

SAUNDERS, A. CHRISTINA
 PIRATES LANDING
 TIMBER ISLAND RD.
 CARRABELLE FL 32322

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

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, 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
NAME	SAUNDERS, A. CHRISTINA	
STREET ADDRESS	PIRATES LANDING, TIMBER ISLAND RD.	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy C. Saunders Sr.	
STREET ADDRESS	County Rd 376	
CITY-ST-ZIP	Carrabelle Fl 32322	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. Christina Saunders	
STREET ADDRESS	County Rd- 376	
CITY-ST-ZIP	Carrabelle Fl 32322	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy C Saunder Jr	
STREET ADDRESS	County Rd 376	
CITY-ST-ZIP	Carrabelle Fl 32322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

A Christina Saunders

A. Christina Saunders

Date

4-28-00

Daytime Phone #

850 697-2728

CR2E034 (9/99)