FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90193 001 ***900.00

DOCUMENT # P99000035270

1. Entity Name
The Buccaneer Shrimp Boat, Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Timber Island Road
Suite, Apt. #, etc.
City & State
Carrabelle, Fl
Zip 32322 Country US

3. Mailing Address
PO Box 1341
Suite, Apt. #, etc.
City & State
Carrabelle, Fl
Zip 32322 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3574564
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: A. Christina Saunders
Street Address (P.O. Box Number is Not Acceptable): Timber Island Road
City: Carrabelle
FL Zip Code 32322

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 for either 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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	~~Timothy~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Timothy C Saunders Sr County Rd 376 Carrabelle Fl 32322 P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Timothy C Saunders Jr County Rd 376 Carrabelle Fl 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST A. Christina Saunders County Rd 376 Carrabelle Fl 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: A. Christina Saunders 4-22-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A. Christina Saunders 697-2778