

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90188 045 ***158.75

DOCUMENT # P99000035270

1. Entity Name
THE BUCCANEER SHRIMP BOAT, INCORPORATED



Principal Place of Business
TIMBER ISLAND RD.
CARRABELLE FL 32322

Mailing Address
P.O. BOX 1341
CARRABELLE FL 32322

2. Principal Place of Business
PORT CANAVERAL
Suite, Apt. #, etc.

3. Mailing Address
8310 NW 51 ST
Suite, Apt. #, etc.

City & State
CAPE CANAVERAL FL

City & State
LAUDERHILL, FL

4. FEI Number **59-3575564**

Applied For
Not Applicable

Zip **32920** **Country** **USA**

Zip **33351** **Country** **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUNDERS, A. CHRISTINA
TIMBER ISLAND RD
CARRABELLE FL 32322

Name **ROBERT D'AILTO**
Street Address (P.O. Box Number is Not Acceptable)
8310 NW 51 ST.
City **LAUDERHILL** **FL** **Zip Code** **33351**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **04/01/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☒ Delete
NAME **SAUNDERS, A. CHRISTINA**
STREET ADDRESS **COUNTY RD 376**
CITY-ST-ZIP **CARRABELLE FL 32322**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **FREDERICK D'AILTO**
STREET ADDRESS **8320 NW 51 ST**
CITY-ST-ZIP **LAUDERHILL, FL 33351**

TITLE **V** ☒ Delete
NAME **SAUNDERS, TIMOTHY C JR**
STREET ADDRESS **COUNTY RD 376**
CITY-ST-ZIP **CARRABELLE FL 32322**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **ROBERT D'AILTO**
STREET ADDRESS **8310 NW 51 ST**
CITY-ST-ZIP **LAUDERHILL, FL 33351**

TITLE **P** ☒ Delete
NAME **SAUNDERS, TIMOTHY C SR**
STREET ADDRESS **COUNTY RD 376**
CITY-ST-ZIP **CARRABELLE FL 32322**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/03 **275-4983**

Date Daytime Phone #

CR2E034 (10/02)