

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90302 050 ***150.00

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DOCUMENT # P99000045598

1. Entity Name
LA PESCADORA CHARTERS, INC.

Principal Place of Business
**3 LITTLE DUNES CIRCLE
AMELIA ISLAND FL 32034**

Mailing Address
**3 LITTLE DUNES CIRCLE
AMELIA ISLAND FL 32034**

2. Principal Place of Business
1899 Sycamore Lane
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 881
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Fernandina Beach, FL

City & State
Fernandina Beach, FL

4. FEI Number
59-3576849

Applied For
☐ Not Applicable

Zip
32034

Country
Nassau

Zip
32035

Country
Nassau

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

GRAY, ROBERT C
3 LITTLE DUNES CIRCLE P.O. Box 881
AMELIA ISLAND FL 32034 Fernandina Beach, FL 32035

Name
Street Address (P.O. Box Number is Not Acceptable)
1899 Sycamore Lane
City **Fernandina Beach** **FL** Zip Code **32034**

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

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, 2002 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
NAME **PSD GRAY, ROBERT C** ☐ Delete
STREET ADDRESS **3 LITTLE DUNES CIRCLE**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **1899 Sycamore Lane**
CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
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: Robert C. Gray **Robert C. Gray Pres.** 3-1-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)