

**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 # P 99 0000 58709**

1. Entity Name

Pirates Lady Shrimp Boat Incorporated

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

275 Timber Island Rd

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1341

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Carrabelle FL

Zip

32322

Country

USA

City & State

Carrabelle FL

Zip

32322

Country

USA

4. FEI Number

59-3585674

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

A. Christina Saunders

Street Address (P.O. Box Number is Not Acceptable)

275 Timber Island Road

Carrabelle

City

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, 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)

☐

**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	P
NAME	Timothy C. Saunders Sr.
STREET ADDRESS	County Rd 376
CITY-ST-ZIP	Carrabelle FL 32322
TITLE	V.P.
NAME	Timothy C. Saunders Jr.
STREET ADDRESS	County Rd 376
CITY-ST-ZIP	Carrabelle FL 32322
TITLE	ST
NAME	A. Christina Saunders
STREET ADDRESS	County Rd 376
CITY-ST-ZIP	Carrabelle FL 32322
TITLE	
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

697-2778

Daytime Phone #

A. Christina Saunders

CR2E034B (12/01)