

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081033

1. Entity Name

BOUNTY HUNTER SPORTFISHING GUIDE SERVICE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90111 045 ***150.00

Principal Place of Business

4743 BELFAST DRIVE
NEW PORT RICHEY FL 34652

Mailing Address

4743 BELFAST DRIVE
NEW PORT RICHEY FL 34652-4921

2. Principal Place of Business

4743 BELFAST DRIVE

Suite, Apt. #, etc.

NEW PORT RICHEY

City & State
FLORIDA

Zip
34652

Country
USA

3. Mailing Address

4743 BELFAST DRIVE

Suite, Apt. #, etc.

NEW PORT RICHEY

City & State
FLORIDA

Zip
34652

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3615298

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCUE, ROBERT
4743 BELFAST DRIVE
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name INFORMATION IS CURRENT AND
Street Address (P.O. Box Number is Not Acceptable) CORRECT

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

N/A

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

TITLE PD
NAME MCCUE, ROBERT
STREET ADDRESS 4743 BELFAST DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE VD
NAME MCCUE, CINDY
STREET ADDRESS 4743 BELFAST DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☒ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6APROO (727) 843-0489

CP2E034 (9/99)