

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90182 017 ***150.00

0637693 AV

DOCUMENT # P99000081033

1. Entity Name

BOUNTY HUNTER SPORTFISHING GUIDE SERVICE, INC.

Principal Place of Business

**4743 BELFAST DRIVE
 NEW PORT RICHEY FL 34652
 US**

Mailing Address

**4743 BELFAST DRIVE
 NEW PORT RICHEY FL 34652
 US**

2. Principal Place of Business

289 DANDELION CT

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1768

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL, FLORIDA

Zip
34606

Country
USA

City & State
NEW PORT RICHEY, FLORIDA

Zip
34656

Country
USA

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 **MCCUE, ROBERT**
 Street Address (P.O. Box Number is Not Acceptable)
289 DANDELION COURT
 City **SPRING HILL** FL **34606**

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

Robert McCue

21 JAN 02

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCUE, ROBERT	
STREET ADDRESS	4743 BELFAST DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCUE, CINDY	
STREET ADDRESS	4743 BELFAST DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 McCue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 JAN 02 (352) 686-0026

Date

Daytime Phone #

CR2E034 (9/01)