

5/22

**2901 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90004 041 \*\*\*150.00

**DOCUMENT #** P990000089208  
**1. Entity Name**  
 BLUE WATER FISHING CHARTER BOAT INC

**Principal Place of Business**  
 1820 SIXTH AVE EAST  
 BRADENTON, FL 34208

**2. Principal Place of Business**

SAME

**3. Mailing Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State****City & State****4. FEI Number**

APPLIED

**Applied For**

Not Applicable

**Zip****Country****Zip****Country****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**

LOTHAR GEYER  
 1820 SIXTH AVE EAST  
 BRADENTON, FL 34208

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

Signature, typed or printed name of registered agent and used 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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	LOTHAR GEYER	1820 SIXTH AVE EAST	BRADENTON, FL 34208	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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 #**

CR2E034 (1/100)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

**Attachment**  
#P9900008922

OMB No. 1545-0003

**1** Name of applicant (legal name) (see instructions)  
Blue Water Fishing Charter Boat, Inc.

**2** Trade name of business (if different from name on line 1)

**3** Executor, trustee, "care of" name

**4a** Mailing address (street address) (room, apt., or suite no.)  
1820 Sixth Ave East

**5a** Business address (if different from address on lines 4a and 4b)

**4b** City, state, and ZIP code  
Bradenton FL 34208

**5b** City, state, and ZIP code

**6** County and state where principal business is located  
Manatee FL

**7** Name of principal officer, general partner, grantor, owner, or trustor - SSN or ITIN may be required (see instructions) ► 102-28-8329  
Lothar Geyer

**8a** Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN)
- ☐ Partnership ☐ Personal service corp.
- ☐ REMIC ☐ National Guard
- ☐ State/local government ☐ Farmer's cooperative
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ►
- ☒ Other (specify) ► Corporation
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Other corporation (specify) ►
- ☐ Trust
- ☐ Federal government/military
- (enter GEN if applicable)

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State FL Foreign country

**9** Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ► Charter Boat

☐ Banking purpose (specify purpose) ►

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ►

☐ Other (specify) ►

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ►

**10** Date business started or acquired (month, day, year) (see instructions)  
06/01/2001

**11** Closing month of accounting year (see instructions)  
DECEMBER

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . 12-31-2002

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
<u>1</u>		

**14** Principal activity (see instructions) ► Charter Boat

**15** Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No

If "Yes," principal product and raw material used ►

**16** To whom are most of the products or services sold? Please check one box.

☒ Public (retail) ☐ Other (specify) ►

☐ Business (wholesale) ☐ N/A

**17a** Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► Trade name ►

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(941) 747-3166

Fax telephone number (include area code)

(941) 727-8400

Name and title (Please type or print clearly.)

► Lothar Geyer

Please Fax to

Signature

Lothar Geyer

Date

6/18/01

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Inc.

Class

Size

Reason for applying