

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000094249

FILED  
May 01, 2003  
Secretary of State

Entity Name: CAPT. BOBBY B, INC.

## Current Principal Place of Business:

714 SCALLOP DR.  
CAPE CANAVERAL, FL 32920

## New Principal Place of Business:

## Current Mailing Address:

714 SCALLOP DR.  
CAPE CANAVERAL, FL 32920

## New Mailing Address:

FEI Number: 59-3605012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BATES, DWIGHT D  
714 SCALLOP DR.  
CAPE CANAVERAL, FL 32920

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BATES, DWIGHT D  
Address: PO BOX 1389  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VD ( ) Delete  
Name: BATES, LISA A  
Address: PO BOX 1389  
City-St-Zip: CAPE CANAVERAL, FL 32920

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA A BATES

VD

05/01/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date