

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

05 APR 20 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **205AR**  
1. Entity Name **BIG BEND BOATWATCH, INC.**  
P99 000107889

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>2280 TRESSITT DL</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>TALL</b>		City & State	
Zip <b>FL</b>	Country <b>USA</b>	Zip <b>32308</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

**MRS**

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>59-3624811</b>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <b>JOHN D. CROSS</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>2280 TRESSITT DL</b>			
City <b>TALL</b>		FL	Zip Code <b>32308</b>

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  DATE **4-20-05**

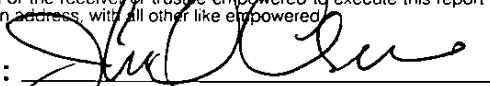
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <b>D</b>	NAME <b>JOHN D. CROSS</b>	TITLE <b>D</b>	NAME <b>700054038067</b>
STREET ADDRESS <b>2280 TRESSITT TX</b>		STREET ADDRESS <b>05/09/05--01014--008</b>	<b>**150.00</b>
CITY-ST-ZIP <b>TALL FL 32308</b>		CITY-ST-ZIP	
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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:  DATE **4-20-05** DAYTIME PHONE # **414-4493**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)