

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90267 040 ***150.00

0629647 AT

DOCUMENT # **450037**

1. Entity Name
POSEY'S SEAFOOD AND CRABSHELL, INC.



Principal Place of Business
**P. O. BOX 294
NORTH HWY 98
PANACEA FL 32346**

Mailing Address
**P. O. BOX 294
NORTH HWY 98
PANACEA FL 32346**



2. Principal Place of Business
1168 Coastal Highway

Suite, Apt. #, etc.

3. Mailing Address
1168 Coastal Highway

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Panacea, Florida

City & State

4. FEI Number **59-1374832**

Applied For
Not Applicable

Zip **32346** Country **USA**

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

**CAMPER, WILLIAM L.
1020 E. LAFAYETTE ST
TALLAHASSEE FL 32301**

Name
Sherrie P. Miller

Street Address (P.O. Box Number is Not Acceptable)
1168 Coastal Highway

City **Panacea, FL** Zip Code **32346**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

~~After May 1, 2003 Fee will be \$550.00~~

Make Check Payable to Florida Department of State

9. Election Campaign Financing: **\$5:00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POSEY, JOHN NOAH P O BOX 294, N HWY 98 PANACEA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POSEY, MILDRED P O BOX 294, N HWY 98 PANACEA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Posey, Mildred 1168 Coastal Highway Panacea, Florida 32346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Posey, John N., Jr. 1168 Coastal Highway Panacea, Florida 32346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Miller, Sherrie P. 1168 Coastal Highway Panacea, Florida 32346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 Date 984589 Daytime Phone #

CR2E034 (10/02)