

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

FILED

02 MAY -7 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G84951**
1. Entity Name
**CRACKER BOYS CRAB HOUSE & MARINA,
INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
117 Nautical Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 308
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
South Daytona FL

City & State
Daytona Beach

Zip
32119 Country
USA

Zip
FL 32115 Country
USA

4. FEI Number
59-2386253

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
John E. Vedder

Street Address (P.O. Box Number is Not Acceptable)
117 Nautical Dr.

City
South Daytona, FL Zip Code
32119

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 *John E. Vedder, Jr.* **JOHN E. VEDDER, JR., PRESIDENT** **4-15-02**
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.

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT

NAME
John E. Vedder

STREET ADDRESS
117 Nautical Dr.

CITY - ST - ZIP
South Daytona, FL 32119

TITLE
SECRETARY / TREASURER

NAME
JEFFREY V. SNEAD

STREET ADDRESS
722 Airport Road

CITY - ST - ZIP
New Smyrna Beach, FL 32168

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

500005538695-2
-05/16/02-01004-008
******158.75 ****158.75**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *John E. Vedder, Jr.* **JOHN E. VEDDER, JR.** **4-15-02** **760-7712**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)

FOR PROFIT CORPORATION Uniform Business Report (UBR) Instructions

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 488-9000.

Reminder:

1. Information must be typed or printed in ink and legible.
2. Signature in Block 13.
3. Submit with total amount due in the form of a separate check for each filing. (**Payable in United States Funds through a United States Bank to Department of State.**) This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.

- Block 1. Enter the name and document number of the corporation. You cannot change the name on this form. You must file an amendment to change the name.
- Block 2. Enter the principal place of business address in Block 2.
- Block 3. Enter the mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. **If "applied for" was previously reported to this office, you must now provide the FEI number.** FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee. Only 1 certificate can be issued at the time of the uniform business report filing.
- Block 6. **DO NOT MAKE ANY MARKS IN BLOCK 6.**
- Block 7. The law requires that each entity have a Registered Agent with a **Florida street address**. A P.O. Box or mail service is not acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can. Enter the agent's name and address in block 7. There is no additional fee to change the Registered Agent on this form.
- Block 8. A new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the Registered Agent of record is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. **NOTE: Registered agent signature required when reinstating on this form.**
- Block 9. By checking the box, you indicate that the corporation: 1) Does not owe Intangible Personal Property Tax on its year 2002 tax return; 2) The corporation is not paying as agent for its stockholders and has notified shareholders of the market value of the stock; or 3) The corporation has no Florida shareholders. If the corporation checks box 9, an Intangible Personal Property Tax Return is not required to be filed with the Department of Revenue. Please direct all questions regarding the tax to the Department of Revenue at (800) 352-3671 (Florida only). Out-of-state callers must call (850) 922-4826 or (850) 922-7200.
- Block 10. Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 10 and include an additional \$5.00 with the filing fee.
- Block 11. Enter the current Officers/Directors in Block 11. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director*. If a person holds more than one position, enter all positions, e.g., *S/D; V/S; V/T/D*. **NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(3)(i), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 11 or on an attachment is an affirmation under oath that no other address is available.**
- Block 12. **PLEASE DO NOT MAKE ANY MARKS IN BLOCK 12.**
- Block 13. **This report must be signed in Block 13** with an original signature by an officer/director of the entity that is listed in Block 11 or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 13 is unacceptable.

Mail to:

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Other Correspondence Address:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Internet Address:
<http://www.sunbiz.org>

Courier Address: (overnight delivery)
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Phone: (850) 488-9000
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

INTERCOASTAL MARINE CONSTRUCTION

P.O. Box 308
Daytona Beach, FL 32115-0308
Phone (386) 760-7772

April 25, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # G84951
FEI Number 59-2386253
Cracker Boys Crab House & Marina, Inc.
dba Intercoastal Marine Construction

ATTN: Andy Dunlap

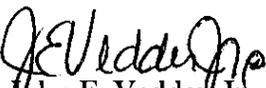
Dear Mr. Dunlap,

As per your telephone conversation today, with Sandi Widmaier, our office administrator, I am writing regarding the reinstatement conversation she had with you today regarding the above listed company.

To review your with conversation with Mrs. Widmaier, you confirmed that a check in the amount of \$ 150.00 was received and deposited on February 17, 2001, but a letter was sent, stating the report had not been filed due to the fact that the registered agent must have a street address, not a P.O. Box. You confirmed that you received our letter to the Division of Corporations stating the registered agent street address is: 722 Airport Road, New Smyrna Beach, Fl. 32168, but the change was not also changed in Block Number 6 on the UBR report. You stated a letter was generated on April 13, 2001, asking for this to be changed on block number 6. That is where the problem occurred. We never received that second letter.

So, as per your directive, this letter is being written and sent to your attention, so this matter can be cleared up (the reinstatement of Cracker Boys Crab House & Marina for 2001). We are also including the 2002_UBR_report_with_new/updated_information.

Thanking you in advance for your helpfulness and attention to this matter.


John E. Vedder, Jr.
President

JV/sw
attachments

1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G84951**

Entity Name

CRACKER BOYS CRAB HOUSE & MARINA, INC.

Principal Place of Business Mailing Address
~~3719 CHARLES ST~~ **108 Roble Lane** P.O. BOX 308
~~NEW SMYRNA BEACH FL 32158~~ **Ormond Bch** DAYTONA BEACH FL 32115
 US **FL 32174-8427**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2386253		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			

6. Name and Address of Current Registered Agent SNEAD, JEFFREY 3719 CHARLES ST P.O. Box 308 NEW SMYRNA BEACH FL 32158 Daytona Beach, FL 32115-0308				7. Name and Address of New Registered Agent 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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SNEAD, JEFFREY Y		NAME				
STREET ADDRESS	3719 CHARLES STREET P.O. Box 308		STREET ADDRESS				
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32158 Daytona Beach		CITY-ST-ZIP				
TITLE	registered agent	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	address:		NAME				
STREET ADDRESS	722 Airport Rd		STREET ADDRESS				
CITY-ST-ZIP	New Smyrna Beach, FL		CITY-ST-ZIP				
TITLE	32115	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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)(l), 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: Jeffrey Y. Snead, President Date: 2/3/01 Daytime Phone #: (904) 760-7772

CR2E034 (10/00)

2/14/02



mailed
4/4/01
(SW)

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 17, 2001

CRACKER BOYS CRAB HOUSE & MARINA, INC.
P.O. BOX 308
DAYTONA BEACH, FL 32115 US

Re:

Subject: CRACKER BOYS CRAB HOUSE & MARINA, INC.

Reference Number: G84951

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The registered agent must have a Florida street address.

The registered agent street address is: 722 Airport Rd

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

New Smyrna
Beach,
32114

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

attached

/FV
ANNUAL REPORTS SECTION