

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90081 018 ***150.00

DOCUMENT # P93000015009

1. Entity Name
CHIEFLAND CRAB COMPANY, INC.

Principal Place of Business P. O. BOX 174 STEINHATCHEE FL 32359 US	Mailing Address P. O. BOX 174 STEINHATCHEE FL 32359 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3162956	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HART, HOWARD L MULLET STREET STEINHATCHEE FL 32359		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 _____ DATE _____
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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE & NAME P. HART, HOWARD	<input type="checkbox"/> Delete	TITLE & NAME B Rayborn, Renee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS MULLET AY		STREET ADDRESS POB 549 Wayne Corbin Road	
CITY-ST-ZIP STEINHATCHEE FL 32359		CITY-ST-ZIP Steinhatchee, FL.	
TITLE & NAME VP HART, JOYCE	<input type="checkbox"/> Delete	TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS MULLET WAY		STREET ADDRESS	
CITY-ST-ZIP STEINHATCHEE FL		CITY-ST-ZIP	
TITLE & NAME T. ALLEN, KAY H	<input type="checkbox"/> Delete	TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS WAYNE CORBIN RD		STREET ADDRESS	
CITY-ST-ZIP STEINHATCHEE FL		CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Delete	TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Delete	TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: Kay H Allen **KAY H. ALLEN** 2-6-02 (352) 493-4887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)