

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90140 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



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3162956**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HART, HOWARD L.
MULLET STREET
STEINHATCHEE-FL 32359

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

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

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HART, HOWARD	
STREET ADDRESS	MULLET AY	
CITY-ST-ZIP	STEINHATCHEE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HART, JOYCE	
STREET ADDRESS	MULLET WAY	
CITY-ST-ZIP	STEINHATCHEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALLEN, KAY H	
STREET ADDRESS	WAYNE CORBIN RD	
CITY-ST-ZIP	STEINHATCHEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAYBORN, RENEE	
STREET ADDRESS	P.O. BOX 549 WAYNE CORBIN RD.	
CITY-ST-ZIP	STEINHATCHEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kay Allen* **SIGNATURES REQUIRED** Allen **1-16-03 (352) 498-7886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)