2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034785

1. Entity Name

LITTLE MAYPORT CRAB HOUSE, INC. Principal Place of Business Mailing Address 8739 LEM TURNER ROAD PO BOX 16952

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90010 039 ***150.00

2. Principal Proce of Business 3. Molling Address 5. Suite, April, et al. Suite, April, et al. Coy & State	JACKSONVILLE	FL 32208		JAX FL 32245				549662				
Sale. Apt. #, cic. Cory & State Cory & State Cory & State Country Sp. 3448300 Applicable For National Address of Currient Registered Agent Sp. Conflictor of Status Desired Sa. 75 Address Sa. 75 Address Sp. Conflictor of Status Desired Sa. 75 Address Sa. 75 Address Sp. Conflictor of Status Desired Sa. 75 Address Sp. Conflictor Sa. 75												
City & State City & State City & State Country Country S. Certificate of Status Dealed \$8.75 Additional Fee Proguing S. Certificate of Status Dealed \$8.75 Additional Fee Proguing Fee Proguing To Manna and Address of Currant Registered Agent Namo Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code This corporation is eligible to easiety its intamplicity of the following a company of the following a company of the following and stort express years years years years and stort years	2. Principal P	lace of Busin	ess	3. Mailing Address								
Zip Country Zip Country S. Cardicate of Status Desired \$8.75 Against President \$8.75 Against President \$1.00 Against	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WI	RITE IN THIS	SPACE	
Zop	City & Stat	e	· · · · · · · · · · · · · · · · · · ·	City & State			4.	FEI Number	59-34483	00		
BLOOM, DALE K 8739 LEM TURNER ROAD JACKSONVILLE FL 32208 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 Signatur, hydd is previous are dispassed goer awd to a fapiciable. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BLOOM, DALE K STRET ADDRESS STRET ADDRESS STRET ADDRESS STRET ADDRESS STRET ADDRESS STRET ADDRESS CITY-51-2P JACKSONVILLE FL 32208 Deldels INE BLOOM, MARTHA STRET ADDRESS CITY-51-2P JACKSONVILLE FL 32208 Deldels INE MAKE STRET ADDRESS CITY-51-2P JACKSONVILLE FL 32208 Deldels INE MAKE STRET ADDRESS CITY-51-2P JACKSONVILLE FL 32208 Deldels INE MAKE STRET ADDRESS CITY-51-2P JACKSONVILLE FL 32208 Deldels INE MAKE STRET ADDRESS CITY-51-2P THE MAKE STRET ADDRESS CITY-	Zip Country			Zip Cou		try	5. Certificate of Status D		Status Desired	esired \$8.75 Additional		ditional
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named childy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax lang requirement and efects to one so. After MAY 1, 2001 Fee will be \$50.00 After MAY 1, 2001 Fee wi		6. Name	and Address of Current	Registered Agent —		~	7.	Name and A	ddress of New	Registered	Agent	
STOCK ACCRESS (P.C. Dox Number is Not Acceptable) Street Acceptable) City FL Zip Code	,						Name					
SCHATURE SIGNATURE S						Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intrangible Tax liting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BLOOM, DALE K 9789 LEM TURNER ROAD ACKSONNILLE FL 32208 10. Bection Campaign Financing Trust Fund Contribution. ACKSONNILLE FL 32208 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-51-2IP 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BLOOM, DALE K 9789 LEM TURNER ROAD ACKSONNILLE FL 32208 11. Decion Campaign Financing Trust Fund Contribution. ACKSONNILLE FL 32208 11. Decion Campaign Financing Trust Fund Contribution. ACKSONNILLE FL 32208 11. Decion Campaign Financing Trust Fund Contribution. ACKSONNILLE FL 32208 11. Decion Campaign Financing Trust Fund Contribution. ACKSONNILLE FL 32208 11. Decion Campaign Financing Trust Fund Contribution. ACKSONNILLE FL 32208 11. Decion Campaign Financing Trust Fund Contribution. ACKSONNILLE FL 32208 11. Decion Campaign Financing Trust Fund Contribution. ACKSONNILLE FL 32208 11. Decion Campaign Financing Trust Fund Contribution. ACKSONNILLE FL 32208 CITY-51-2IP 11. Decion Campaign Financing Trust Fund Contribution. ACTIVE Trust Fund Contribution. ACT												
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature, speed or presentance or registered agent and titled expirately. 9. This corporation is eligible to satisfy its Intengible Tax filing requirement and elects to do so. (See criferia on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BLOOM, DALE K 3739 LEM TURNER ROAD JACKSON/NILE FL 32208 DIV. 51-2P DI BLOOM, MARTHA 8739 LEM TURNER ROAD JACKSON/NILE FL 32208 DIV. 51-2P DI BLOOM, MARTHA 8739 LEM TURNER ROAD JACKSON/NILE FL 32208 DIV. 51-2P TITLE NAME SIREET ADDRESS CITY-51-2P TITLE NAME SIRET ADDRESS CITY-51-2P TITLE NAME S	JACI	COUNTILLE	FL 32208									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature, typed or presonance of registered agent signature required agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intengible after MAY 1, 2001 Fee will be \$550.00 Max Be Added to Fees (See ortheria on back) Make Chacke Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE BLOOM, DALE K \$739 LEM TURNER ROAD STRET ADDRESS STRET ADDRESS STRET ADDRESS CITY-ST-2P TITLE AMME STRET ADDRESS STRET ADDRESS STRET ADDRESS CITY-ST-2P TITLE AMME STRET ADDRESS CITY-ST-2P TITLE AMME STRET ADDRESS CITY-ST-2P TITLE AMME STRET ADDRESS CITY-ST-2P TITLE AMME STRET ADDRESS CITY-ST-2P TITLE AMME STRET ADDRESS CITY-ST-2P TITLE AMME STRET ADDRESS CITY-ST-2P TITLE AMME STRET ADDRESS CITY-ST-2P TITLE AMME STRET ADDRESS CITY-ST-2P TITLE AMME STRET ADDRESS CITY-ST-2P TITLE AMME STRET ADDRESS CITY-ST-2P TITLE ADDRESS CITY-ST-2P TITLE AMME STRET ADDRESS						City				FI	Zip Cod	e
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax fling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BLOOM, DALE K 8739 LEM TURNER ROAD JACKSONVILLE FL 32208 TITLE NAME SIRETA ADDRESS CITY-ST-2P TITLE N				Alexander of alexandra de					in the Otale of I		<u> </u>	
9. This corporate rame of pagetand agent and utile if appliciable. (NOTE Registened Agent all publication) is eligible to satisfy its intangible Task filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME BLOOM, DALE K 8739 LEM TURNER ROAD CITY-51-2P TITLE D	8. The above	named entity	suomits this staternent for	the purpose of changing its	register	ed office or	registereo a	igent, or both,	in the State of I	-iorida,		
9. This corporate rame of pagetand agent and utile if appliciable. (NOTE Registened Agent all publication) is eligible to satisfy its intangible Task filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME BLOOM, DALE K 8739 LEM TURNER ROAD CITY-51-2P TITLE D	0.0.14 T 11DE											}
After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BLOOM, DALE K STREET ADDRESS CITY-ST-ZIP TITLE D BLOOM, MARTHA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signatu	re required when	reinstating)		DATE		
After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BLOOM, DALE K STREET ADDRESS CITY-ST-ZIP TITLE D BLOOM, MARTHA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 This corns	ration is sligi	blo to patiefy its latengible	FILE NOW!	II FEE	IS \$150.0	nn	T				
Make Check Payable to Department of State Make Check Payable t	· ·	_		1	• • • • • •						\$5.0	0 May Be
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		AZ I	Make Check Payab				Trust	Fund Contribut	ion. L	J Added	1 to Fees
NAME STREET ADDRESS CITY-ST-ZIP D DLOM, MARTHA STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11.		OFFICERS AND I	DIRECTORS	12.		A	DDITIONS/CH	HANGES TO O	FICERS AND	DIRECTOR	S IN 11
STREET ADDRESS CITY-SIT-ZIP TITLE NAME STREET ADDRESS CITY-SIT-ZIP	TITLE			☐ Delete	TITLE				 -		☐ Change	☐ Addition
CITY-ST-ZIP JACKSONVILLE FL 32208 TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME											Í
TITLE NAME STREET ADDRESS OCTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHY-SI-ZIP		VILLE FL 32208									
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	AADTUA	☐ Delete							∐ Change	Addition
CITY-ST-ZIP JACKSONVILLE'FL'32208												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			** **								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			□ Delete	TITLE	:					Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME				NAM							
TITLE NAME STREET ADDRESS CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP											
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 7			☐ Delete		,					Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP												
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	i											
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP											Change	Addition
STREET ADDRESS CITY-ST-ZIP				□ naiste								Audition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP	ſ				E	ſ						-
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY	ST-ZIP						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE						☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	I											
						1						ł
		ertify that the	information supplied with	this filling does not qualify for			nd in Contina	110.07/9\/8\-!	Elorido Statutas	I further eas	tifu that the :=	formation

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