

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90127 024 ***150.00

DOCUMENT # 288524

1. Entity Name
CHARLIE'S SHRIMP CO. INC.



Principal Place of Business
**17699 LAKE ESTATES DR
BOCA RATON FL 33496**

Mailing Address
**17699 LAKE ESTATES DR
BOCA RATON FL 33496**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1170175**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUDWIG, BERNARD
17699 LAKE ESTATES DR
BOCA RATON FL 33496**

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

Bernard Ludwig **PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable. **BERNARD LUDWIG**

1-29-03

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **LUDWIG, ANNA**
STREET ADDRESS **22065 CAMINO DELMAR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **PTD** ☒ Change ☐ Addition
NAME **BERNARD LUDWIG**
STREET ADDRESS **17699 LAKE ESTATES DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33496-1425**

TITLE **STD** ☐ Delete
NAME **LUDWIG, BERNARD**
STREET ADDRESS **17699 LAKE ESTATES DR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **SD** ☐ Change ☒ Addition
NAME **SHEILA LUDWIG STERN**
STREET ADDRESS **8900 S.W. 67 AVE**
CITY-ST-ZIP **PINECREST, FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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: *Bernard Ludwig* BERNARD LUDWIG **1-29-03 (561) 477-0067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)