

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

DOCUMENT # 299557

1. Entity Name **KEY-TEX SHRIMP CO., INC.**

FILED

02 JUL -1 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

317 WHITEHEAD ST.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KEY WEST FL

City & State

4. FEI Number

59-1117380

Applied For

Not Applicable

Zip

33040

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES T. HENDRICK

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

317 WHITEHEAD ST.

City

KEY WEST

FL

Zip Code

33040

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

JAMES T. HENDRICK

(NOTE: Registered Agent signature required when reinstating)

6/27/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P.O.
JOSEPH J. O'CONNELL, JR.
6810 FRONT ST.
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**400006232864--2
-07/05/02--01083--014
*****61.25 *****61.25**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V.T.O.
DUKE PATRIARCA
6810 FRONT ST.
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S.O.
JAMES T. HENDRICK
317 WHITEHEAD ST.
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J. O'Connell, Jr.

PRES

6/27/02 305-304-0524

DATE

Daytime Phone #