

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 396846

1. Entity Name

KING SHRIMP CO. OF FLORIDA, INC.

Principal Place of Business

100 LANIER BLVD  
PO BOX 899  
BRUNSWICK GA 31521

Mailing Address

100 LANIER BLVD  
PO BOX 899  
BRUNSWICK GA 31521-0899

2. Principal Place of Business

1 King + Prince Blvd  
Suite, Apt. #, etc.

3. Mailing Address

1 King + Prince Blvd  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-0630562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WILLIAMS, J L  
CITY-ST-ZIP 138 COLONIAL DRIVE  
ST SIMONS ISLAND GA 31522

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

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS BRUBAKER, R P  
CITY-ST-ZIP 308 JOHN SHAW  
ST SIMONS ISL. GA 31522

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS GILBERT, JAMES  
CITY-ST-ZIP 154 SHORE RUSH DR  
ST SIMONS ISL, GA 0 31522

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS SULLIVAN, D. J.  
CITY-ST-ZIP 122 ST. ANDREWS  
ST SIMONS ISL, GA 0 31522

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*D.J. Sullivan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.J. Sullivan

Date

Daytime Phone #

2/18/00 912 265-5155

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90038 001 \*\*\*300.00

9332



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)