## 2001 UNLEORM BUSINESS REPORT (UBR)

## Mar 13, 2001 8:00 am Secretary of State DOCUMENT # 406162 1. Entity Name CAPTAIN ED'S LOBSTER TRAP, INC. 03-13-2001 90318 034 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 21648 1901 S. FEDERAL HIGHWAY FT. LAUDERDALE FL 33335 PO BOX 21648 FT. LAUDERDALE FL 33335-8648 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1417379 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARLISLE, E L III Street Address (P.O. Box Number is Not Acceptable) 1901 S FEDERAL HWY FT LAUDERDALE FL 33316 Zip Code City FL 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 Fiorida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change PDT ☐ Delete TITLE TITLE NAME CARLISLE, EDWARD, III NAME STREET ADDRESS STREET ADDRESS 1901 S FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition Change ☐ Delete TITLE ٧S TITLE NAME CARLISLE, LORI NAME STREET ADDRESS STREET ADDRESS 1901 S FEDERAL HWY CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF

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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attagrament with an address, with all other like empowered.

**FILED**