

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90223 011 ***150.00

12/25/02 AV

DOCUMENT # **451020**

1. Entity Name
POSEIDON PRODUCTS INC.



Principal Place of Business
~~5560 NASSAU DR.
BOCA RATON FL 33487~~

Mailing Address
~~5560 NASSAU DR.
BOCA RATON FL 33487~~

2. Principal Place of Business

8600 GREAT MEADOW DR. SARASOTA

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SARASOTA
City & State

City & State **"**

Zip
34238

Country **USA**
SARASOTA

Zip **"**
Country **"**

4. FEI Number **59-1582556**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BUTLER, C. THOMAS
5560 NASSAU DRIVE
BOCA RATON FL 33487

8600 GREAT MEADOW DR.
SARASOTA, FL.
34238

7. Name and Address of New Registered Agent

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 **C. THOMAS BUTLER, PRES**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4. 11. 03

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 NAME STREET ADDRESS CITY-ST-ZIP	P BUTLER, THOMAS 5560 NASSAU DR. BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8600 Great Meadow Dr. SARASOTA, FL. 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **C. Butler** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 9, 2003

Date

(441) 926-4525

Daytime Phone #

CR2E034 (10/02)