

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90004 014 ***150.00

US020343 A1

DOCUMENT # 476427

1. Entity Name
SCALARE HATCHERY, INC.

Principal Place of Business

**10922 FARM HILL DR
RIVERVIEW FL 33569**

Mailing Address

**P.O. BOX 756
GIBSONTON FL 33534**

2. Principal Place of Business

10922 FernHill Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Riverview FL

City & State

Zip

33569

Country

USA

Country

4. FEI Number

16-0964996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALKER, DAVID
10922 FERN HILL DR
RIVERVIEW FL 33569**

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.

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, 2002 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

TITLE **P** ☐ Delete
NAME **WALKER, DAVID G.**
STREET ADDRESS **10922 FERN HILL DRIVE**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE **ST** ☐ Delete
NAME **WALKER, JANET**
STREET ADDRESS **10922 FERN HILL DRIVE**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE **V** ☐ Delete
NAME **WALKER, DENNIS J.**
STREET ADDRESS **1822 BUTCH CASSIDY TRAIL**
CITY-ST-ZIP **WIMAUMA FL 33598**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Walker Sec.

Date

Daytime Phone #

CR2E034 (9/01)