

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90132 024 ***150.00

DOCUMENT # 577060

1. Entity Name
PINELLAS CRABCOOKER, INC.

Principal Place of Business	Mailing Address
4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807	4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807-1857

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	95-3309792	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 _____ (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

TITLE	AS	<input type="checkbox"/> Delete
NAME	MCMAHON, JUDITH	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TALLICHET, CECILIA	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TALLICHET, DAVID C JR	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ROYSE, BOB D.	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TALLICHET, CECILIA	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **4.24.2000** **714.579.3900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)