

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F90044**

1. Entity Name
J.C.'S LOBSTER POT, INC.

Principal Place of Business
**121 E. GRANADA BLVD.
ORMOND BEACH FL 32176
US**

Mailing Address
**805 PATTERSON DR.
SO. DAYTONA FL 32119
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2250595**

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

**EMERY, WILLIAM V., III
115 EAST GRANADA BOULEVARD, SUITE 1
ORMOND BEACH FL 32074**

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 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WEIR, JACQUELINE L
805 PATTERSON DR.
SO. DAYTONA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WEIR, JOHN C
805 PATTERSON DRIVE
SO. DAYTONA FL**

TITLE
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CITY-ST-ZIP

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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:

JACQUELINE WEIR
(Signature)

06/27/02

(386) 767-3991

Date

Daytime Phone #

0013014 AV

CR2E034 (9/01)

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90815 011 ***550.00



DO NOT WRITE IN THIS SPACE