

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99399

1. Entity Name

LU-MAR LOBSTER AND SHRIMP, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90002 045 ***150.00

Principal Place of Business

3900 CLARK RD
STE C1
SARASOTA FL 34233
US

Mailing Address

3900 CLARK RD
STE CA
SARASOTA FL 34233
US

2. Principal Place of Business

530 BURNS LANE

Suite, Apt. #, etc.

3. Mailing Address

530 BURNS LANE

Suite, Apt. #, etc.

City & State

SARASOTA FLORIDA

City & State

SARASOTA FLORIDA

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

59-2218406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROKNICH, NICK I
1800 2ND ST
STED 901
SARASOTA FL 34236

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
SEDACCA, JEFFREY
3953 HAMILTON CLUB CIRCLE
SARASOTA FL 34242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SEDACCA, MARGIE
1201 BIG OAK LN
SARASOTA FL 34231 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SEDACCA, M
8815 HAVENRIDGE DR
SARASOTA FL 34238 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/01

Date

941-955-8299

Daytime Phone #

CR2E034 (10/00)