2002 Uniform Business Report (UBR)

H96728 **DOCUMENT #**

FILED Mar 27, 2002 8:00 am Secretary of State

Specificate of Status Desired S8.75 Additional	OYSTERS, INC.							03-27-2002 90065 042 ***150.00				
LUS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & FL		And the second s		The state of the s				٠٠;٠٠	_	70× 30#	মূল বিয়া	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	1.				FL 32043	200 - 1/2				" 160 1 44		
City & State City & State City & City & State	2. Principal Pl	ace of Business	3	Mailing Address	- -	- <u>-</u> -	1	1 (CO101) (C10 19170 9171) 10910 1100)			 	
Zip Country Zip Country S. Country S. Country S. Country S. Conflicate of Status Desired Season Seas	Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered differ or registered agent, or both, in the State of Florida. SIGNATURE Signature typed or pasked rame of registered agent and five if applicable. PLE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME STREET ADDRESS OITY-ST-2P TILE NAME ATWOOD, JOHN W. STREET ADDRESS OITY-ST-2P TILE NAME NA	City & State			City & State			4. FE	59-2664390		Applied For Not Applicable		
GALLEY, T.J. 2180 AARON DR. GREEN COVE SPRINGS FL 32043 City 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 Gayasum, typerd or printed name of registered agent and title if approace POTE Registered Agent scripture registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAKE SIRET ADDRESS CITY-ST-ZIP TILE VSD ATWOOD, JOHN W. 4312 WINDTREE DRIVE S. JACKSONVILLE FL TILE Delete TILE Delete TILE Delete TILE MAKE SIRET ADDRESS CITY-ST-ZIP TILE MAKE SIRET ADDRESS CITY-ST-ZIP TILE MAKE SIRET ADDRESS CITY-ST-ZIP TILE Delete TILE MAKE SIRET ADDRESS CITY-ST-ZIP TILE MAKE SIRET ADDRESS CITY-ST-ZIP TILE MAKE SIRET ADDRESS CITY-ST-ZIP TILE Delete TILE Delete TILE Delete TILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAKE SIRET ADDRESS CITY-ST-ZIP TILE Delete TILE MAKE SIRET ADDRESS CITY-ST-ZIP TILE Delete TILE D	Zip	Country		Zip	Country	· · · ·	5 . Ce	ertificate of Status Desired	□ \$8.7	5 Add	ditional d	
GALLEY, T.J. 2180 AARON DR. GREEN COVE SPRINGS FL 32043 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 affice or registered spent, or both, in the State of Florida. SIGNATURE Signature, typed or prefer and not an engettered agent and this if applicable. P. This corporation is eligible to satisfy its Intangable Tax filing requirement and elects to do so (See criteria on back) Affect May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIRET ADDRESS CITY-ST-ZIP TITLE WSD AFWOOD, JOHN W. 4312 WINDTREE DRIVE S. JACKSONVILLE FL Delete TITLE MAKE SIRET ADDRESS CITY-ST-ZIP TITLE MAKE SIRET ADDRESS CITY-ST-ZIP Delete TITLE MAKE MAKE SIRET ADDRESS CITY-ST-ZIP Delete TITLE MAKE MAKE SIRET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIRET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIRET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIRET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIRET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIRET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE SIRET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS		6. Name and Address of	Current Reg	istered Agent	<u> </u>		7. Na	me and Address of New Regi	stered Agent			1
2180 AARON DR. GREEN COVE SPRINGS FL 32043 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or posted name of registered agent and title it applicable. (NOTE: Registered Agent agen					N	ame						7
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 Separative, typed or profed name of registered agent and title if applicable (NOTE-Registered Agent agent and registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intrangible Tax filling requirement and elects to do so. (See order in on back) NAME NA	· ·				s	treet Address ((P.O. Box	x Number is Not Acceptable)		. ,.		1
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 15te it applicable. (NOTE, Registered Agent agrature required when relinitating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD Delete MAME GALLEY, T.J. SIRRET ADDRESS GITY-ST-2P VSD Delete TITLE MAME STREET ADDRESS CITY-ST-2P Delete MAME STREET ADDRESS CITY-ST-2P Delete TITLE MAME STREET ADDRESS CITY-ST-2P Delete TITLE MAME STREET ADDRESS CITY-ST-2P Delete TITLE MAME								780 T.		, .]
SIGNATURE Signature, typed or paviled name of registered agent and fibe if applicable P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) PTD After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT ITILE MAME GALLEY, T.J. SIRRET ADDRESS CITY-ST-2P TILE ATYOOD, JOHN W. SIRRET ADDRESS CITY-ST-2P JACKSONVILLE FL. Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P JACKSONVILLE FL. Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P Delete TITLE SIRRET ADDRESS CITY-ST-2P DELETE TI		•			(0	ity			FL Z	ip Cod	е	1
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PTD CALLEY, T.J. SIREET ADDRESS CITY-ST-ZIP TITLE VSD ARRON DR GREEN COVE SPRGS. FL TITLE VSD ARWOOD, JOHN W. 4312 WINDTREE DRIVE S. JACKSONVILLE FL TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	SIGNATURE _											
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11.		Signature, typed or printed name of regis	stered agent and to	tle if applicable. (NOTE	: Registered Age	nt signature required	d when reins	stating)	DATE			╛
TITLE NAME SIREET ADDRESS CITY-ST-ZIP GALLEY, T.J. 2180 AARON DR GREEN COVE SPRGS. FL TITLE NAME ATWOOD, JOHN W. STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TITLE NAME Change Addi	Tax filing re	equirement and elects to do s	so	After May 1, 200	02 Fee will	be \$550.00	ite	, -				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ATWOOD, JOHN W. 4312 WINDTREE DRIVE S. CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	11.		RS AND DIR	ECTORS	12.		ADD	ITIONS/CHANGES TO OFFICE	RS AND DIRE	CTOR	S IN 11	۔ [
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME	NAME STREET ADDRESS	Galley, T.J. 2180 Aaron Dr	FL	, Delete	NAME STREET AD			347 £ 253	er verific	Change	Addition	B2E034 (9/01)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	ATWOOD, JOHN W. 4312 WINDTREE DRIVE	\$. 	☐ Delete	NAME STREET AD			•••	1000	hange	☐ Addition] 2
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME	NAME STREET ADORESS			☐ Delete	NAME STREET AD	ı				hange	Addition	
NAME NAME	NAME STREET ADDRESS			☐ Delete	NAME STREET AD					hange	Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS			☐ Delete	NAME STREET AD	I			C	hange	☐ Addition	
TITLE NAME 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	NAME STREET ADDRESS CITY-ST-ZIP			11	NAME STREET AD CITY-ST-2	IIP		0.07(0)() [[-4]-0.14-1			Addition	

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: