

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J 39203

1. Entity Name

SUMMERLAND SEAFOOD INC.

FILED

01 JUL 11 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

MIKE MOLLER 25  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 420223  
Suite, Apt. #, etc.

**2001-AMENDED UBR**

City & State

SUMMERLAND KEY, FL

City & State

SUMMERLAND KEY, FL

4. FEI Number

592736443

Applied For

Not Applicable

Zip

33042

Country

U.S.A.

Zip

33042

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETRICK, ROBERT G.  
22962 COOT. LIND LANE  
SUMMERLAND KEY, FL 33042

7. Name and Address of New Registered Agent

Name LARRY R. ERSKINE  
Street Address (P.O. Box Number is Not Acceptable)  
31211 AVENUE A  
City BIG PINE KEY FL Zip Code 33043

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

*Larry R. Erskine* LARRY R. ERSKINE

7/6/01

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	P	DELETE
NAME	LETSON, JOSEPH A.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 604	
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	
TITLE	T	DELETE
NAME	TRADLEY, RODFORD W.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	570 CROTON LANE	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	
TITLE	S	DELETE
NAME	PETRICK, ROBERT G.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	22962 COOT. LIND LANE	
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	
TITLE	V	DELETE
NAME	GILBERT, MICHAEL A.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	570 CROTON LANE	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S	CHANGE	ADDITION
NAME	JOHN WARD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	858 COMADRON DR.		
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042		
TITLE	V/T	CHANGE	ADDITION
NAME	DOWN WARD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	858 COMADRON DR.		
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042		
TITLE		CHANGE	ADDITION
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		CHANGE	ADDITION
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
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:

*John Ward* JOHN WARD

7/6/01 (905) 97-0841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #