

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**  
 05-16-2000 90118 050 \*\*\*150.00

**DOCUMENT # J40010**

1. Entity Name

**TRAWLER CHUCKWAGON, INC.**

Principal Place of Business

Mailing Address

~~6100 ESTERO BLVD~~  
~~PO BOX 2579~~ **2801 ESTERO BLVD**  
**FT MYERS BCH FL 33932-2679**

~~6100 ESTERO BLVD~~  
~~PO BOX 2579~~ **2801 ESTERO BLVD STE C**  
**FT MYERS BCH FL 33932-2679**

2. Principal Place of Business

3. Mailing Address

**2801 ESTERO BLVD**

**2801 ESTERO BLVD**

Suite, Apt. #, etc.  
**Suite C**

Suite, Apt. #, etc.  
**Suite C**

City & State  
**FT MYERS BEACH FLA**

City & State  
**FT MYERS BEACH FLA**

Zip  
**33932**

Zip  
**33932**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2749512**

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

**SHENKO, WILLIAM E., JR.**  
~~6100 ESTERO BLVD~~ **2801 ESTERO BLVD STE C**  
**FORT MYERS BEACH FL 33932**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2801 ESTERO BLVD STE C**  
**FT MYERS BEACH**  
 City **FL** Zip Code **33932**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PVS</b>	<input type="checkbox"/> Delete
NAME	<b>DREW, JOHN A.</b>	
STREET ADDRESS	<b>6467 FURMAN BOULEVARD SW</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DREW, CHARLES F.</b>	
STREET ADDRESS	<b>6467 FURMAN BOULEVARD SW</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:** *John A. Drew President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/2000** Daytime Phone #

CR2E034 (9/99)