

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-27-2002 90149 005 ***150.00

DOCUMENT # J78440

1. Entity Name

HIMES SEAFOOD RESTAURANT, INC.

Principal Place of Business

4521 107 CIR N

#2

CLEARWATER FL 33762

Mailing Address

4521 107 CIR N

#2

CLEARWATER FL 33762

2. Principal Place of Business

9399 Commodore Dr.

Suite, Apt. #, etc.

3. Mailing Address

1046 Middlesex Dr.

Suite, Apt. #, etc.

City & State

Seminole FL

City & State

New Port Richey FL

Zip

33776

Country

Pinellas

Zip

34655

Country

Pasco

4. FEI Number

59-2818809

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORSETTI, STEPHEN E

4521-107 CIR N

#2

CLEARWATER FL 33762

Address change

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1046 Middlesex Dr.

City

New Port Richey

FL

Zip Code

34655

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

Stephen E. Corsetti
Signature, typed or printed name of registered agent and title if applicable.

Stephen E. Corsetti

(NOTE: Registered Agent signature required when reinstating)

1/12/02

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

TITLE DST ☐ Delete
NAME CORSETTI, STEVE
STREET ADDRESS 4521-107TH CIRCLE N # 2
CITY-ST-ZIP CLEARWATER FL 33762

TITLE CP ☐ Delete
NAME CORSETTI, AL
STREET ADDRESS 32 JEFFERSON CT
CITY-ST-ZIP ST PETE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1046 Middlesex Dr.
CITY-ST-ZIP New Port Richey FL 34655

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Stephen E. Corsetti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02

Date

727-372-5919

Daytime Phone #

CR2E034 (9/01)