FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State
06-11-2002 90391 015 ***550.00

DOCUMENT # J88546

1. Entity Name
BARNACLE PHIL'S HARBOR RESTAURANT, INC.

117736

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4401 PT HOUSE TRAIL	15696 BROMELIAD DRIVE
Suite, Apt. #, etc.: P.O. BOX 579	Suite, Apt. #, etc.:
City & State: UPPER CAPTIVA/PINELAND	City & State: BOKEELIA, FL
Zip: 33945 Country: FL, USA	Zip: 33922 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2832004 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: EVA KINSEY SCALA
Street Address (P.O. Box Number is Not Acceptable): 15696 BROMELIAD DRIVE
City: BOKEELIA **FL** Zip Code: 33922

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: ✓ Eva K Scala
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: ✓ 6/4/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PTD
NAME	SCALA, EVA KINSEY
STREET ADDRESS	15696 BROMELIAD DRIVE
CITY - ST - ZIP	BOKEELIA, FL 33922
TITLE	SD
NAME	DURHAM, NANCY
STREET ADDRESS	6113 FORREST VILLAS CT.
CITY - ST - ZIP	FORT MYERS, FL
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: // Eva K Scala 6/4/02 //239-283-6917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1