

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90114 009 ***150.00

DOCUMENT # **K-69589**

1. Entity Name

Scallops of Florida, Inc.



DO NOT WRITE IN THIS SPACE

70036592

2. Principal Place of Business

103 Water Street

3. Mailing Address

P.O. Box 697

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Apalachicola FL

City & State

Apalachicola FL

4. FEI Number

59-2944 202

Applied For

Not Applicable

Zip

32320

Country

U.S

Zip

32329

Country

U.S

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 **Shuler, J Gordon**

Street Address (P.O. Box Number is Not Acceptable)
34 - 4th Street

City **Apalachicola**

State **FL**

Zip Code

32320

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME **D.C. Ward, Glen B.**
STREET ADDRESS **111 Avenue C.**
CITY-ST-ZIP **Apalachicola Fl. 32320**

TITLE
NAME **D.V.P. Ward, Walter Mack**
STREET ADDRESS **2620 Bluff Road**
CITY-ST-ZIP **Apalachicola, Fl. 32320**

TITLE
NAME **D.P. Ward, Thomas L.**
STREET ADDRESS **161 Long Road**
CITY-ST-ZIP **Apalachicola, Fl. 32320**

TITLE
NAME **St. Ward, Rachel L.**
STREET ADDRESS **2620 Bluff Road**
CITY-ST-ZIP **Apalachicola, Fl. 32320**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter M. Ward DVP

Date

4-8-03

Daytime Phone #

850-653 8790

CR2E034B (12/02)