


**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. ✓



70036592

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
103 Water Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 697
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Apalachicola FL

City & State
Apalachicola FL

Zip
32320 Country
U.S.

Zip
32329 Country
U.S.

4. FEI Number
59-2944202

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
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 _____ (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 STREET ADDRESS CITY-ST-ZIP	D.C. Ward, Olen B. 111 Avenue C. Apalachicola Fl. 32320	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V.P. Ward, Walter Mack 2620 Bluff Road Apalachicola, Fl. 32320	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. Ward, Thomas L. 161 Long Road Apalachicola, Fl. 32320	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	St. Ward, Rachel L. 2620 Bluff Road 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	

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: **Walter M. Ward DVP** Date: **4-8-03** Daytime Phone #: **850-653 8790**

CR2E034B (12/02)