

2001 UNIFORM BUSINESS REPORT (UBR)

0023084 AF

DOCUMENT # L00000002518

1. Entity Name
OZONA CRAB COMPANY, LLC

FILED

01 FEB 16 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
297 BAYSHORE DR.
PALM HARBOR FL 34683

Mailing Address
PO BOX 732
OZONA FL 34660

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3637034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, DONALD R
28050 U.S. HWY 19 N., STE 402
CLEARWATER FL 33761

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PARTNER
DAVE MISSIGMAN
PO BOX 126
CRYSTAL BEACH FL 34681

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PARTNER
DAVID LAWE
PO BOX 732
OZONA FL 34660

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
400003745694--0
-02/21/01--01087--023

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
*****50.00--*****50.00

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/2/01 727-781-9867

Date

Daytime Phone #

CR2E083 (11/00)