

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0382493 AV

DOCUMENT # L55259

1. Entity Name
K & S FISHERIES, INC.

03-06-2002 90042 035 ***150.00

Principal Place of Business
481 E. HILLSBORO BLVD
SUITE 100A
DEERFIELD BEACH FL 33441
US

Mailing Address
481 E. HILLSBORO BLVD
SUITE 100A
DEERFIELD BEACH FL 33441
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0177167

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEVELAND, HARVEY
5281 NE 3RD TERRACE
FT. LAUDERDALE FL 33334

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P
GATES, STEPHEN W.
586 PAMAELE STREET
KAILUA HI 96734

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P/D
GATES, STEPHEN W.
4038 W. Madison Pl
Springfield, MO 65802

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

V
GATES, LYNDIA
586 PAMAELE STREET
KAILUA HI 96734

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

V/C/T/D
GATES, LYNDIA
4038 W. Madison Pl
Springfield, MO 65802

☒ Change ☐ Addition

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 CITY-ST-ZIP

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☐ Change ☐ Addition

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: Lyndia R. Gates (Lyndia R. Gates)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/22/02 Daytime Phone #: 417 864-0559

CR2E034 (9/01)