

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90043 004 ***150.00

DOCUMENT # L55825

1. Entity Name
DOLLY'S SEAFOOD, INC.

Principal Place of Business

4030 N SUNDANCE PT
CRYSTAL RIVER FL 34428

Mailing Address

4030 N SUNDANCE PT
CRYSTAL RIVER FL 34428
US

2. Principal Place of Business

~~4030 N~~ 4195 N. Citrus Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Crystal River, FL

Zip
34428

Country
Citrus

Zip

Country

4. FEI Number

59-3012105

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FAUSS, FRED
4030 SUNDANCE PT
CRYSTAL RIVER FL 34428

7. Name and Address of New Registered Agent

Name **Lois J. Worley**
 Street Address (P.O. Box Number is Not Acceptable)

4030 N. Sundance Pt.

City **Crystal River**

FL

Zip Code **34428**

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 **Lois J. Worley Pres. Lois J. Worley**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/2/02
 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

TITLE **D** ☐ Delete
 NAME **WORLEY, LOIS**
 STREET ADDRESS **4030 SUNDANCE PT**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **D** ☒ Delete
 NAME **FAUSS, FRED**
 STREET ADDRESS **4030 SUNDANCE PT**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: **Lois J. Worley**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 352-795-3311
 Date Daytime Phone #

CR2E034 (9/01)