

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90367 042 ***150.00

DOCUMENT # L80235

1. Entity Name
THE GARLIC CRAB CORPORATION

Principal Place of Business Mailing Address
 1111 SR 436 1111 SR 436
 CASSELBERRY FL 32707 CASSELBERRY FL 32707
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 2 Paradise Point
 City & State Suite, Apt. #, etc.

City & State City & State
 Macon, NC
 Zip Country Zip Country
 27551 Warrenton

4. FEI Number 59-3024218 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PASSAS, MICHAEL C.
 2037 EASTBROOK BLVD
 WINTER PARK FL 32792

7. Name and Address of New Registered Agent
 Name Joe Pires
 Street Address (P.O. Box Number is Not Acceptable)
 841 Douglas Avenue, Suite 104
 City Altamonte Springs FL Zip Code 32714

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  DATE: 4/15/02
 (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	D PASSAS, MICHAEL C.
STREET ADDRESS	2037 EASTBROOK BLVD
CITY-ST-ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> Delete
NAME	VP PASSAS, MARY J.
STREET ADDRESS	2037 EASTBROOK BLVD.
CITY-ST-ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> Delete
NAME	VP FLEMING, GEORGIA P.
STREET ADDRESS	332 BRIDLE PATH
CITY-ST-ZIP	CASSELBERRY FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE: 4/15/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)