**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: KENNETH C. STRAWN

## Mar 26, 2001 8:00 am DOCUMENT # P0000006978 **Secretary of State** 03-26-2001 90081 001 \*\*\*150.00 NICE 'N' EASY SEAFOOD INN, INC. Principal Place of Business Mailing Address 101 COUNTRY CLUB ROAD 101 COUNTRY CLUB ROAD 637350 LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business Country Club Rd. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable Seminole \$8.75 Additional 5. Certificate of Status Desired eminale Fee Required.... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OTWAY, DALE H Street Address (P.O. Box Number is Not Acceptable) 551 MONASTERY ROAD **ORANGE CITY FL 32763-6207** 101N. Country Club Rd #125 8. The above named entity submits this statement for the purpose of changing its registe SIGNATURE KENNETH C. STEAWN Signature, typed or orinted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (P) Strawn, Kenneth C. 101 N. Country Club Rd #125 TITLE Otway, Daje H Delete ☐ Change **Addition** CR2Fn34 (10/00) NAME NAME 551 Monaskry Kol STREET ADDRESS STREET ADDRESS 32763-6207 CITY-ST-ZIP CITY-ST-ZIP Strawn, Sherri D. TITLE X Addition NAME NAME 101N. Country Club Rd 4125 STREET ADDRESS STREET ADDRESS Lake Mary FL 32746 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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