

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000010325**

1. Entity Name

SNAPPERS FISH HOUSE AND OYSTER BAR, INC.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90104 040 ***150.00

0460407

Principal Place of Business

**RT 9 BOX 83
TALLAHASSEE FL 32314**

Mailing Address

**RT 9 BOX 83
TALLAHASSEE FL 32314**

2. Principal Place of Business

**LAKE Drive- Sunset Lending
Suite, Apt. #, etc.
Rt. 9, Box 83**

3. Mailing Address

**- Same -
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

TALL. FLA.

City & State

TALL. FLA.

4. FEI Number

59-3472418

Applied For

Not Applicable

Zip

32303

Country

LEON

Zip

32303

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NOOTENS, JEFFERY D
RT 9 BOX 83
TALLAHASSEE FL 32314**

7. Name and Address of New Registered Agent

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 **N/A**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NOOTENS, JEFFERY D	
STREET ADDRESS	RT 9 BOX 83	
CITY-ST-ZIP	TALLAHASSEE FL 32314	

TITLE	D	<input type="checkbox"/> Delete
NAME	KINSINGER, PHILLIP R	
STREET ADDRESS	RT 9 BOX 83	
CITY-ST-ZIP	TALLAHASSEE FL 32314	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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
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STREET ADDRESS		
CITY-ST-ZIP		

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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: **JEFF NOOTENS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER**4/30/01**

Date

850/562-5590

Daytime Phone #

CR2E034 (10/00)