

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
 02-07-2002 90056 025 ***150.00

DOCUMENT # P00000041487

1. Entity Name
GASPARILLA SOUND SEAFOOD, INC.

Principal Place of Business

2191 KEYWAY ROAD
ENGLEWOOD FL 34223

Mailing Address

2191 KEYWAY ROAD
ENGLEWOOD FL 34223

2. Principal Place of Business

2870 Worth Ave
 Suite, Apt. #, etc.

3. Mailing Address

2870 Worth Ave
 Suite, Apt. #, etc.

City & State

Englewood FL

City & State

Englewood FL

4. FEI Number

59-3645736

Applied For

Not Applicable

Zip

34224

Country

USA

Zip

34224

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRISON, DANK
2191 KEWAY RD.
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name **A. Norman Davids**

Street Address (P.O. Box Number is Not Acceptable)

1261 Loma Lane

City

Englewood

FL

Zip Code

34224

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

A. Norman Davids
 Signature, type or printed name of registered agent and title if applicable.

A. Norman Davids T
 (NOTE: Registered Agent signature required when reinstating)

1-21-02
 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	P	<input type="checkbox"/> Delete
NAME	STEELE, JEFFERY	
STREET ADDRESS	P.O. BOX 510672	
CITY-ST-ZIP	PUNTA GORDA FL 33951	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GARRISON, DANK	
STREET ADDRESS	2191 KEYWAY RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	5	<input type="checkbox"/> Delete
NAME	Christopher Davids	
STREET ADDRESS	6186 Bixel LN	
CITY-ST-ZIP	Englewood, FL 34224	
TITLE	A. Norman Davids	<input type="checkbox"/> Delete
NAME	A. Norman Davids	
STREET ADDRESS	1261 Loma LN	
CITY-ST-ZIP	Englewood FL 34224	
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
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
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:

A. Norman Davids
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02 941-474-2611

Date

Daytime Phone #

CR2E034 (9/01)