

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90158 004 \*\*\*150.00

DOCUMENT # **P00000056944**  
1. Entity Name  
**CEDAR KEY OCEAN PRODUCTS, INC.**

Principal Place of Business  
**The PASTA House**  
Mailing Address  
**315 N. MAIN ST**  
**TRENTON, FL**  
**32693**

2. Principal Place of Business  
**102401 OVERSEAS HWY**  
Suite, Apt. #, etc.  
3. Mailing Address  
**102401 Overseas Hwy**  
Suite, Apt. #, etc.

City & State  
**Key LARGO, FL**  
Zip  
**33037**  
Country  
**MONROE**

4. FEI Number  
**57-3707693**  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**A0056997**

6. Name and Address of Current Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**Key LARGO**  
FL  
Zip Code  
**33037**

7. Name and Address of New Registered Agent  
Name  
**RUSSELL H. CULLEN, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**49228 OVERSEAS HWY.**  
City  
**Key LARGO**  
FL  
Zip Code  
**33037**

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 **RUSSELL H. CULLEN**  
Signature, typed or printed name of registered agent and title if applicable.  
(NOTE: Registered Agent signature required when reinstating)  
DATE **4/4/01**

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 State**

10. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>PREW, DARRYL A</b> <b>6391 NORTHWEST CIRCLE 336</b> <b>CHIEFLAND, FL 31626</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR./PRESIDENT</b> <b>PREW, DARRYL A.</b> <b>6391 NW COUNTY Road 336</b> <b>CHIEFLAND, FL 31626</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR/VP/SEC/TREAS</b> <b>PREW, DOUGLAS A</b> <b>1019 ADAMS DR.</b> <b>KEY LARGO, FL 33037</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR.</b> <b>PREW, NARRELL</b> <b>1019 ADAMS DR.</b> <b>KEY LARGO, FL 33037</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR.</b> <b>PREW, SANDRA</b> <b>6391 NW COUNTY Rd 336</b> <b>CHIEFLAND, FL 32626</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE **4/12/01**  
Daytime Phone # **See**

CR2E034 (11/00)