

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90011 038 ***150.00

DOCUMENT # P00000067021

1. Entity Name
THREE BROTHERS FISHING COMPANY, INC.

Principal Place of Business **Mailing Address**
5009 GULF BOULEVARD **5009 GULF BOULEVARD**
ST. PETE BEACH FL 33706 **ST. PETE BEACH FL 33706**

2. Principal Place of Business **3. Mailing Address**
5009 GULF BLVD **5009 GULF BLVD**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
ST. PETE BEACH, FL **ST. PETE BEACH, FL**
Zip **Country** **Zip** **Country**
33706 **USA** **33706** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
BROIDA, JOEL D
605 - 75TH AVENUE
ST. PETE BEACH FL 33706

7. Name and Address of New Registered Agent
Name **80010A, JOEL D**
Street Address (P.O. Box Number is Not Acceptable) **605 - 75TH AVE**
City **ST. PETE BEACH, FL** **FL** **Zip Code** **33706**

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 _____ **(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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHEN, MARC S 275 126TH AVENUE EAST TREASURE ISLAND FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TAYLOR, MATT 5009 GULF BLVD. ST. PETE BEACH FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CALOMIRIS, GEORGE 5009 GULF BLVD. ST. PETE BEACH FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ **2/5/02** **Daytime Phone #** _____

CR2E034 (9/01)