

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90217 030 ***150.00

0473406

DOCUMENT # P00000077907

1. Entity Name
T S CLAMS, INC.

Principal Place of Business Mailing Address

~~413 N.E. 7TH ST.~~ ~~P.O. BOX 96~~
~~TRENTON FL 32693~~ ~~TRENTON FL 32693~~

00063403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

12421 SR 24 **PO Box 46**

Suite, Apt. #, etc. Suite, Apt. #, etc.

PO Box 46

City & State City & State

Cedar Key, FL **Cedar Key, FL**

Zip Country Zip Country

32625 **USA** **32625** **USA**

4. FEI Number Applied For

59-3665781 Not Applicable

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

6. Name and Address of Current Registered Agent

CAUSEY, KATHRYN F
~~413 N.E. 7TH ST.~~
~~TRENTON FL 32693~~

7. Name and Address of New Registered Agent

Name
Causey, Kathryn F

Street Address (P.O. Box Number is Not Acceptable)
12421 SR 24

City State Zip

Cedar Key **FL** **32625**

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: *[Signature]* DATE: **4/22/01**

(Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	T	<input type="checkbox"/> Delete
NAME	CAUSEY, KATHRYN F	
STREET ADDRESS	413 N.E. 7TH ST.	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12421 SR 24	
CITY-ST-ZIP	Cedar Key, FL 32625	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.S.D. SMART, THOMAS	
STREET ADDRESS	1161 SW 71 LANE	
CITY-ST-ZIP	CEDAR KEY, FL 32625	
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: *[Signature]* Date: Daytime Phone #: **CPA (352) 543-6271**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)