

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

~~413 N.E. 7TH ST.~~
~~TRENTON FL 32693~~

Mailing Address

~~P.O. BOX 96~~
~~TRENTON FL 32693~~

00063403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12421 SR 24

3. Mailing Address

PO Box 46

Suite, Apt. #, etc.

PO Box 46

Suite, Apt. #, etc.

City & State

Cedar Key, FL

City & State

Cedar Key, FL

4. FEI Number

59-3665781

Applied For

Not Applicable

Zip

32625 USA

Zip

32625 USA

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

Cedar Key

FL

Zip

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/01

DATE

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 ☐ Delete
NAME **T**
STREET ADDRESS **CAUSEY, KATHRYN F**
CITY-ST-ZIP **413 N.E. 7TH ST.**
TRENTON FL 32693

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12421 SR 24**
CITY-ST-ZIP **Cedar Key, FL 32625**

TITLE ☐ Change ☒ Addition
NAME **P.S.D**
STREET ADDRESS **SMART, THOMAS**
CITY-ST-ZIP **1161 SW 71 LANE**
CEDAR KEY, FL 32625

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPA (352)
543-6271

CR2E034 (10/00)