## FILED Apr 28, 2003 8:00 am Secretary of State

2003	FOR	PRO	FIT CO	DRPO	RAT	ION /
UNIFO	RM	BUSIN	IESS	REPO	RT (	UBR)

UNIFORM BUSINESS REPORT (UBR)						04-28-2003 91511 017 ***150.00			
1. Entity Nar	IMENT # <b>P0100000</b> IKEE CHOWDER HOUSE,								
Principal Plac	ce of Business	Mailing Address		· <del></del>	1	a tribing to begin in -			
5518 GALL BLVD.		5518 GALL BLVD.	5518 GALL BLVD.			- Service (wages)			
ZEPHYRHILL 	S, FL 33541	ZEPHYRHILLS, FL 3354	41						
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Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #			#, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			21 8 - 60-6712		pplied For lot Applicable	
Zip	Country	Zip	Zip Coun		5. Certificate of Status Desired		\$8.75 Ad Fee Require	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	ent Registered Agent			7. N	ame and Address of New Registered	Agent		
SOKOL, W	/ILLIAM L			Name					
5518 GALL BLVD. ZEPHYRHILLS, FL 33541				Street Address (P.O. Box Number Is Not Acceptable)					
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	<u> </u>			City		F	Zip Çod	ie i	ĺ
		t for the purpose of changing it	s registere	d office or register	ed age	ent, or both, in the State of Florida. I am	familiar with	, and accept	
nie opliga	itions of registered agent,								
SIGNATURE	Signature, typed or printed name of registered ag	and and time if an also take the	7F. Oa	I Agentsignature required	1	nstarting) CATE			
SANCTON AND SANCTON		entand use rappication. (NO	rc. negsere	- Addutainante educad	) WHEN NE	nsuring) CATE			
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Departmer	io nt of State				Election Campaign Financing Trust Fund Contribution.	\$5.0 D Adde	00 May Be d to Fees	
10.	OFFICERS AN	ND DIRECTORS	11.		ADD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE :	D	☐ Delete	1016				☐ Change	Addition	(02)
NAME	SOKOL, WILLIAM L		NAME						£
STREET ADDRESS City-St-Zip	5515 GALL BLVD. ZEPHYRHILLS, FL 33541		STHE					}	034
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CITY-ST-ZP			CITY-	51-21P				ĺ	
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NAME STREET ADDRESS			NAME	T ADDRESS				į	
CITY-ST-2P			i i	ST -ZIP					
12 I harehy	certify that the information supplied w	ith this filling does not qualify fo	n the exer	nption stated in Sec	ction 1	19.07(3)(i), Florida Statutes. I further ce	tify that the in	nformation	
indicated of the cor	i on this remort or supplemental repor	t is true and accurate and that i	my signati Las requir	ire shall have the s	same le	gal effect as if made under oath; that I a Statutes; and that my name appears	am an οπιc <del>e</del> r	OF CUID CLOX	
SIGNAT	~ ~ ~	- X/	100	ر ح، ارم)		4/25/17 (813)	749-400	16	